

**"FORM NO.1
(See rule 5)
BIRTH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register**

To be filled by the informant

1. Date of Birth:
2. Sex (Enter "Male" or "Female" or "Transgender person"):
3. Child's Details (If not named, leave blank):-
 - (a) Name, if any:
 - (b) Aadhaar No. (if available):
4. **Father's Details:-**
 - (a) Name:
 - (b) Aadhaar No. (if available):
 - (c) Mobile No:
 - (d) Email Id:
5. **Mother's Details.**
 - (a) Name:
 - (b) Aadhaar No. (if available):
 - (c) Mobile No:
 - (d) Email Id:
6. **Address of parents at the time of Birth of the Child:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:
7. **Permanent address of parents:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:
8. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place):
 1. Hospital/Institution **Name :**
 2. House 3. Other place **Address:** House No.Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:
9. **Informant's Details:**
 - (a) Name:
 - (b) Aadhaar No. (if available):
 - (c) Mobile No:
 - (d) Email Id:**Address:** House No.
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 22, informant will put date and signature)

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date:

Registration Unit:

Town/Village:

Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar

**FORM NO.1
(See rule 5)
BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]**

This part to be detached and sent for statistical processing

To be filled by the informant

10. **Town or Village of Residence of the mother**
(Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
Town or Village: Sub-district:
District: State or Union Territory:
PIN Code:
11. **For Religion** [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
 - (a) **Religion of Father:**
 - (b) **Religion of Mother :-**
12. **Father's level of education:**
13. **Mother's level of education:**
14. **Father's Occupation:**
15. **Mother's Occupation:**
16. **Age of the mother (in completed years) at the time of marriage** (If married more than once, age at first marriage is to be written):
17. **Age of the mother (in completed years) at the time of this birth:**
18. **Number of children born alive to the mother so far including this child** (Number of children born alive to include also those from earlier marriage(s), if any):
19. **Type of attention at delivery** (Tick the appropriate entry below):
 1. Institutional-Government
 2. Institutional - Private or Non-Government
 3. Doctor, Nurse or Trained Midwife
 4. Traditional Birth Attendant
 5. Relatives or others
20. **Method of Delivery** (Tick the appropriate entry below):
 1. Natural
 2. Caesarean
 3. Forceps/Vacuum
21. **Birth Weight (in kgs.)** (if available):
22. **Duration of pregnancy** (in weeks):
(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

To be detached and sent for statistical processing

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village:		

Registration Unit:

Registration No. :

Registration Date:

Date of Birth:

Sex: Male/Female/Transgender person

Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar