Speed Post

No. 1/12/2014 – VS (CRS)

GOVERNMENT OF INDIA
MINISTRY OF HOME AFFAIRS
OFFICE OF THE REGISTRAR GENERAL, INDIA
V.S. Division, West Block –I, R.K. Puram, New Delhi – 110066
Tele-fax: 26104012 E-mail – drg-crs.rgi@censusindia.gov.in,

Dated: 07-11-2014

CIRCULAR

Sub: Inclusion of the column of UID number in Birth/ Death and Still birth reporting form and implementation of CRS Software.

As you are aware, Civil Registration System (CRS) Software has been developed for registration of birth and death, generation of certificates, various statistical reports and for linkage with National Population Register (NPR). To make every event registration unique, all the registration units have been coded with unique id as per the office circular number No. 9-1/2009-VS (CRS) dt 5.09.2012. The events so registered would bear a unique registration number in a specified format, for example, for birth "B-YYYY-State code-registration unit code-registration number". The States were instructed to use the CRS software throughout the state vide this office D.O. No. 2/17/2013-VS (CRS) dated 19.9.2014(Copy enclosed).

2. To achieve linkage between the CRS and NPR/Aadhaar, Unique Identification (UID) number being the person's authentication information need to be collected in birth and death reporting forms also. The UID number of the parents in case of birth and still birth, UID number of deceased, parents of the deceased and spouse (if deceased is married) need to be filled in birth and death reporting form. UID number so collected would be used for linking birth and death events occurring in a family to NPR database through the CRS Software. Necessary directions for inclusion of UID number in Birth/ Death and Still birth reporting form as legal requirement for issue of birth and death certificates and linkage with UID /NPR database has been issued to States vide this office letter even no dated 28.10.2014 (Copy enclosed).

3. In view of the above, you are requested to revise the birth, death and still birth reporting forms and include a column of UID number of father and mother (parents) in these forms. In addition to that UID number of the deceased and spouse (if deceased is married) should also be collected in death reporting form. The specimen of the revised reporting forms is also attached for ready reference.

4. You are requested to initiate the action to amend the relevant Rule and ensure the inclusion of aforesaid column in form number 1, 2 and 3. In this connection, necessary permission as required under Section 30(1) of the RBD Act, 1969 is granted to amend the respective forms. Necessary steps in this regard may kindly be taken on priority basis.

5. Further it is also clarified that in order to implement the CRS software effectively in the State/ UT, it is advisable to collect the UID number of the parents and others in the existing reporting form itself till the forms are revised. This office may be appraised about the action taken in the matter.

Yours faithfully

(C.Chandramouli)
Registrar General, India

Encl. Revised reporting forms

To

The Chief Registrar of Births and Deaths
(Except Odisha, West Bengal, Tamil Nadu, Chandigarh, Delhi, Daman & Diu, Dadra & Nagar Haveli, Lakshadweep, Andaman & Nicobar Islands, Puducherry)

IndiaCode

No. 1/12/2014 – VS (CRS) New Delhi Dated 07-11-2014

Copy forwarded to the concerned DCO with the request to take up the matter with the Chief Registrar.

(P.A.Mini)
Deputy Registrar General (CRS)

FORM NO.1

BIRTH REPORT

Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :** (Enter the exact day, month and year the child was born e.g. 1-1-2000)
2. **Sex :** (Enter "Male, or " Female") do not use abbreviation)
3. **Name of the child, if any :** (If not named, leave blank)
4. **Name of the father :** (Full name as usually written) UID No of Father (if any)

   Name of the mother : (Full name as usually written)
5. UID No of Mother (if nay)
6. Address of parents at the time of Birth of the Child
7. Permanent address of parents:
8. **Place of birth :** (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)

   1.Hospital/ Institution Name & Address:

   2.House Address :

   3. Others:
9. **Informant's name :**

   Address :

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

Date: **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. : Registration Date :

Registration Unit :

Town/Village : District :

Remarks : (if any)

Name and Signature of the Registrar

To be detached and sent for statistical processing

BIRTH REPORT

Statistical Information

This part to be detached and sent for statistical processing

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.

FORM NO.1

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. The house address is not required to be entered.)

    a) **Name of Town/Village :**

    b) **Is it a town or village :** (Tick the appropriate entry below)

    1. Town 2. Village

    c) **Name of District :**

    d) **Name of State :**
11. **Religion of the Family :** (Tick the appropriate entry below)

    1.Hindu 2. Muslim 3.Christian

    4. Any other religion :(write name of the religion)
12. **Father's level of education :** (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
13. **Mother's level of education :** (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
14. **Father's occupation :** (If no occupation write 'Nil')
15. **Mother's occupation :** (If no occupation write 'Nil')

To be filled by the informant

16. **Age of the mother (in completed years) at the time of marriage :** (If married more than once, age at first marriage may be entered)
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) :

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

To be filled by the Registrar

Name

District :

Tahsil :

Town/Village :

Registration Unit :

Code No.

Registration No. : Registration Date :

Date of Birth :

Sex : 1.Male 2.Female

Place of Birth : 1.Hospital/Institution 2.House

Name and Signature of the Registrar

FORM No. 1
(See Rule 5)

FORM NO.2 DEATH REPORT

Legal information

This part to be added to the Death Register

To be filled by the informant

1. **Date of Death :** (Enter the exact day, month and year the death took place e.g. 1-1-2000)
2. **Name of the Deceased :** (Full name as usually written)

   UID No of deceased (if any)
3. **Sex of the deceased : :** (Enter "Male, or " Female") do not use abbreviation)
4. **Name of Mother:**

   UID No of Mother (if any)
5. **Name of Father**

   UID No of Father(if any)

5a **Name of husband/wife**

   UID No of husband/wife (if any)
6. **Age of the deceased:** (if the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)
7. Address of the deceased at the time of death:
8. Permanent address of the deceased:
9. **Place of death:** (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/ Institution or the address of the house where the death took place. If other place, give location)

   1.Hospital/ Institution Name & Address :

   2.House Address :

   3.Others:
10. **Informant's name :**

    Address :

(After completing all columns 1 to 21, informant will put date and signature here:)

Date : **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. : Registration Date :

Registration Unit :

Town/Village : District :

Remarks : (if any)

Name and Signature of the Registrar

DEATH REPORT

FORM NO.2

Statistical information

This part to be detached and sent for statistical processing

To be detached and sent for statistical processing

To be filled by the informant

11. **Town or Village of Residence of the deceased:** (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)

    a) **Name of Town/Village :**

    b) **Is it a town or village :**(Tick the appropriate entry below)

    1. Town 2. Village

    c) **Name of District :**

    d) **Name of State :**

12. **Religion :** (Tick the appropriate entry below)

    1.Hindu 2. Muslim 3.Christian

    4. Any other religion: (write the name of the religion)

13. **Occupation of the deceased :** (If no occupation write 'Nil')

14. **Type of medical attention received before death:** (Tick the appropriate entry below)

    1. **Institutional**
    2. **Medical attention other than Institution**
    3. **No medical attention**

To be filled by the informant

15. **Was the cause of death medically certified?:** (Tick the appropriate entry below)

    1.Yes 2. No

16. **Name of Disease or Actual Cause of Death :** (For all deaths irrespective of whether medically certified or not)

17. **In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy:** (Tick the appropriate entry below)

    1.Yes 2. No

18. **If used to habitually smoke - for how many years?**

19. **If used to habitually chew tobacco in any form - for how many years?**

20. **If used to habitually chew arecanut in any form (including pan masala) - for how many years?**

21. **If used to habitually drink alcohol - for how many years?**

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

Name

District :

Tahsil :

Town/Village :

Registration Unit :

To be filled by the Registrar

Code No.

Registration No. : Registration Date :

Date of Death : Sex : 1.Male 2.Female

Age : Years/months/days/hours

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

Name and Signature of the Registrar

FORM No 2
(See *Rule 5*)
DEATH REPORT FORM

IndiaCode

FORM NO.3

STILL BIRTH REPORT

Legal information

This part to be added to the Still Birth Register

To be filled by the informant

1. **Date of Birth :** (Enter the exact day, month and year e.g.1-1-2000)
2. **Sex :** (Enter "Male ,or " Female") (Do not use abbreviation)
3. **Name of the father :** (Full name as usually written) UID No. of father (if any)
4. **Name of the mother :** (Full name as usually written) UID No of mother (if any)
5. **Place of birth :** (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)

   1.Hospital/ Institution Name & Address:

   2.House Address :

   3.Others:
6. **Informant's name :**

   Address :

(After completing all columns 1 to 12, informant will put date and signature here:)

Date **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. : Registration Date :

Registration Unit :

Town/Village : District :

Remarks : (if any)

Name and Signature of the Registrar

STILL BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing

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.

FORM NO.3

To be detached and sent for statistical processing

To be filled by the informant

7. **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. The house address is not required to be entered.)
   a) **Name of Town/Village :**
   b) **Is it a town or village :** (Tick the appropriate entry below)
      1. Town 2. Village
   c) **Name of District :**
   d) **Name of State :**
8. **Age of the mother (in completed years) at the time of this birth :**
9. **Mother's level of education :** (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
10. **Type of attention at delivery :** (Tick the appropriate entry below)
    6. **Institutional – Government**
    7. **Institutional – Private or Non-Government**
    8. **Doctor, Nurse or Trained midwife**
    9. **Traditional Birth Attendant**
    10. **Relatives or others**
11. **Duration of pregnancy:** (in weeks)
12. **Cause of foetal death :** (if known)

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

Name

District :

Tahsil :

Town/Village :

Registration Unit :

To be filled by the Registrar

Code No.

Registration No. :

Registration Date :

Date of Birth :

Sex : 1.Male 2.Female

Place of Birth : 1.Hospital/Institution 2.House

Name and Signature of the Registrar

FORM No. 3
(See Rule 5)
STILL BIRTH REPORT FORM