

FORM NO.7
(See Rule 12)
BIRTH REGISTER
Legal information

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 **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:**
 3. Other place
9. **Informant's Details:**
 - (a) **Name:**
 - (b) **Aadhaar No., if available:**
 - (c) **Mobile No:**
 - (d) **Email Id:**
 - (e) **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 (Amendment) Act, 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 23,
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