

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

This part to be added to the Birth Register

<i>To be filled by the informant</i>							
<p>1. Date of Birth: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> DD - MM - YYYY</p> <p>2. Sex (Enter "Male" or "Female" or "Transgender person") :</p> <p>3. Child's Details (If not named, leave blank) :-</p> <p>(a) Name, if any : <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> First Name <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> Middle Name <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> Last Name</p> <p>(b) Aadhaar No, if available: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>4. Father's Details:-</p> <p>(a) Name: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> First Name <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> Middle Name <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> Last Name</p> <p>(b) Aadhaar No., if available: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>(c) Mobile No: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>(d) Email Id: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>5. Mother's Details:-</p> <p>(a) Name: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> First Name <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> Middle Name <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> Last Name</p> <p>(b) Aadhaar No., if available: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>(c) Mobile No: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>(d) Email Id: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>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: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>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: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>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 : <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> 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: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>9. Informant's Details:</p> <p>(a) Name: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> First Name <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> Middle Name <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> Last Name</p> <p>(b) Aadhaar No., if available: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>(c) Mobile No: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>(d) Email Id: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>(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: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>DECLARATION: <input type="checkbox"/> 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. <i>(After completing all columns 1 to 23, informant will put date and signature)</i></p> <p>Date: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/> DD - MM - YYYY Signature or left thumb mark of the informant</p> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><i>To be filled by the Registrar</i></td> </tr> <tr> <td colspan="2"> <p>Registration No. : <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Registration Date: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Registration Unit : <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Town / Village: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Sub-District: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>District: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Remarks (if any): <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Name and Signature of the Registrar</td> </tr>		<i>To be filled by the Registrar</i>		<p>Registration No. : <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Registration Date: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Registration Unit : <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Town / Village: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Sub-District: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>District: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p> <p>Remarks (if any): <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; padding: 2px 10px;" type="text"/></p>		Name and Signature of the Registrar	
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