

FORM NO.9
(See Rule 12)

STILL BIRTH REGISTER

Legal information

This part to be added to the Birth Register

To be filled by the informant

1.	Date of Birth : <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> - <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> - <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
2.	Sex (Enter "Male" or "Female" or "Transgender person") :
3.	Father's Details:-
(a)	Name: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> First Name <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Middle Name <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Last Name
(b)	Aadhaar No., if available: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
(c)	Mobile No: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
(d)	Email Id: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
4.	Mother's Details:-
(a)	Name: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> First Name <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Middle Name <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Last Name
(b)	Aadhaar No., if available: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
(c)	Mobile No: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
(d)	Email Id: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
5.	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. <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Locality: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
	Ward number (in case of town and if available): <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Town or Village: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
	Sub-district: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> District: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
	State or Union Territory: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> PIN Code: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
6.	Informant's Details:
(a)	Name: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> First Name <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Middle Name <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Last Name
(b)	Aadhaar No., if available: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
(c)	Mobile No: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
(d)	Email Id: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
(e)	Address : House No: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Ward number (in case of town and if available): <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
	Locality: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> Sub-district: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> District: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>
	State or Union Territory: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> PIN Code: <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 10px; border: 1px solid black;" type="text"/>

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 12,
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