

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 :**

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Father's Details:-**

(a) **Name:**

(b) **Aadhaar No., if available:**

(c) **Mobile No:**

(d) **Email Id:**

4. **Mother's Details:-**

(a) **Name:**

(b) **Aadhaar No., if available:**

(c) **Mobile No:**

(d) **Email Id:**

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. Locality:

Ward number (in case of town and if available): Town or Village:

Sub-district: District:

State or Union Territory: PIN Code:

6. **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 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