

FORM NO.3
(See Rule 5)
STILL BIRTH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

FORM NO.3
(See Rule 5)
STILL BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

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 detached and sent for statistical processing

To be filled by the informant

7. **Town or village of Residence of the deceased** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
Town or Village: Sub-district:
District: State or Union Territory:
PIN Code:

8. **Age of the mother (in completed years) at the time of this birth :**

9. **Mother's level of education:**

10. **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

11. **Duration of pregnancy** (in weeks) :

12. **Cause of foetal death** (if known):

(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.)

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

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

To be filled by the Registrar

| | Name | Code No. |
|----------------|----------------------|----------------------|
| District | <input type="text"/> | <input type="text"/> |
| Sub-District | <input type="text"/> | <input type="text"/> |
| Town/Village : | <input type="text"/> | <input type="text"/> |

Registration Unit :

Registration No. :

Registration Date:

Date of Birth :

Sex : Male / Female / Transgender person

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

Name and Signature of the Registrar

Instructions for completing the Form 3: STILL BIRTH REPORT

| Item No. | Instructions | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------------------------|--|------------------------------|--|-------------------------------------|--------------------------------|---|--|------------------|---|---------------------------------|--|--|---|---|-------------------------------------|----------------|------------|--|-----------|------------|------------------------|-----------------------|--|
| 1 | Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3,4,6 | Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5,6 | Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | For Place of birth tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%;">1.Pre-Primary</td> <td style="width: 20%;">6.Class 5</td> <td style="width: 20%;">11.Class 10</td> <td style="width: 20%;">16. Bachelor Undergraduate /</td> <td style="width: 20%;">21. Literate without formal education</td> </tr> <tr> <td>2.Class 1</td> <td>7.Class 6</td> <td>12.Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3.Class 2</td> <td>8.Class 7</td> <td>13.Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4.Class 3</td> <td>9.Class 8</td> <td>14.ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5.Class 4</td> <td>10.Class 9</td> <td>15.Diploma Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) | 1.Pre-Primary | 6.Class 5 | 11.Class 10 | 16. Bachelor Undergraduate / | 21. Literate without formal education | 2.Class 1 | 7.Class 6 | 12.Class 11 | 17. PG Diploma | 22. Illiterate | 3.Class 2 | 8.Class 7 | 13.Class 12 | 18. Master / Post graduate | | 4.Class 3 | 9.Class 8 | 14.ITI | 19. M.Phil | | 5.Class 4 | 10.Class 9 | 15.Diploma Certificate | 20. Doctorate & above | |
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| 4.Class 3 | 9.Class 8 | 14.ITI | 19. M.Phil | | | | | | | | | | | | | | | | | | | | | | | |
| 5.Class 4 | 10.Class 9 | 15.Diploma Certificate | 20. Doctorate & above | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Cause of foetal death – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">1. Bleeding (Hamorrhage)</td> <td style="width: 33%;">7. Diabetes in the mother</td> <td style="width: 33%;">13. Infection in the mother Parvovirus B19</td> </tr> <tr> <td>2. Problems with Placental</td> <td>8. Infection in the mother Coxsackie virus</td> <td>14. Infection in the mother Q fever</td> </tr> <tr> <td>3. Problem with umbilical cord</td> <td>9. Infection in the mother Herpes simplex</td> <td>15. Infection in the mother Rubella (German measles)</td> </tr> <tr> <td>4. Pre-eclampsia</td> <td>10. Infection in the mother Leptospirosis</td> <td>16. Infection in the mother Flu</td> </tr> <tr> <td>5. Genetic physical defect in the baby</td> <td>11. Infection in the mother Lyme disease</td> <td>17. Infection in the mother Toxoplasmosis</td> </tr> <tr> <td>6. Liver disorder in the mother (obstetric cholestas)</td> <td>12. Infection in the mother Malaria</td> <td>18. Not stated</td> </tr> </table> | 1. Bleeding (Hamorrhage) | 7. Diabetes in the mother | 13. Infection in the mother Parvovirus B19 | 2. Problems with Placental | 8. Infection in the mother Coxsackie virus | 14. Infection in the mother Q fever | 3. Problem with umbilical cord | 9. Infection in the mother Herpes simplex | 15. Infection in the mother Rubella (German measles) | 4. Pre-eclampsia | 10. Infection in the mother Leptospirosis | 16. Infection in the mother Flu | 5. Genetic physical defect in the baby | 11. Infection in the mother Lyme disease | 17. Infection in the mother Toxoplasmosis | 6. Liver disorder in the mother (obstetric cholestas) | 12. Infection in the mother Malaria | 18. Not stated | | | | | | | |
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Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.