

Legal information

This part to be added to the Still Birth Register

To be filled by the informant

1. **Date of Birth :** (Enter the exact day, month and year
e.g.1-1-2000)
2. **Sex :** (Enter "Male," Female" or Transgender
(Do not use abbreviation)
3. **Name of the father :**
(Full name as usually written)
UID No. of father (if any)

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4. **Name of the mother :**
(Full name as usually written)
UID No of mother (if any)

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5. **Place of birth :** (Tick the appropriate entry below and give the
name of the Hospital/Institution or the address of the house where
the birth took place)

1.Hospital/ Institution	Name :
2.House	Address :
6. **Informant's name :**
Address :

(After completing all columns 1 to 12, informant will put date and signature here:)

Date _____ Signature or left thumb mark of the informant _____

To be filled by the Registrar

Registration No. :	Registration Date :
Registration Unit :	
Town/Village :	District :
Remarks : (if any)	

Name and Signature of the Registrar

STILL BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing

To be filled by the informant

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.)
- a) **Name of Town/Village :**
- b) **Is it a town or village :** (Tick the appropriate entry below)
1. Town 2. Village
- c) **Name of District :**
- d) **Name of State :**
8. **Age of the mother (in completed years) at the time of this birth :**
9. **Mother's level of education :**
(Enter the completed level of education
e.g. if studied upto class VII but passed only class VI, write class VI)
10. **Type of attention at delivery :** (Tick the appropriate entry below)
6. **Institutional – Government**
7. **Institutional – Private or Non-Government**
8. **Doctor, Nurse or Trained midwife**
9. **Traditional Birth Attendant**
10. **Relatives or others**
11. **Duration of pregnancy:** (in weeks)
12. **Cause of foetal death :** (if known)
- (Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

Name	Code No.	Registration No. :
District :		Registration Date :
Tahsil :		Date of Birth :
Town/Village :		Sex : 1.Male 2.Female
Registration Unit :		Place of Birth : 1.Hospital/Institution 2.House

Name and Signature of the Registrar

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.