

FORM NO.9

(See rule 12)

STILL BIRTH REGISTRATION

Legal information

This part to be added to the Still Birth Register

To Be filled by the registrar

Registration No:
Registration Date:
Registration Unit:
Town/ Village:
Sub- District:

District:
Remarks (if any)
Cause of Death(as per Form 4/4A):

Name and signature of the Registrar

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Registration Date:
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