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Still Birth Report  
Legal information  
(See reverse for instructions)

Still Birth Report  
Statistical information  
(See reverse for instructions)

This part to be added to the still Birth Register

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<p>1. Date of Birth:</p> <p>2. Sex (Enter “Male” or “Female” or “Transgender person:)</p> <p>3. Father’s Details: - Name: (a) Aadhaar No. (if available) (b) Date of Birth (if available): - (c) Age:</p> <p>4. Mother’s Details: - Name: - (a) Aadhaar No. (if available) (b) Mobile No: - (c) E.mail Id:</p> <p>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 or 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 12of town and if available): Town or Village:      sub-district: District: State or Union Territory: PIN Code:</p> <p>6. Informant’s Details (a) Name: (b) Aadhaar No. ( if available): (c) Mobile No: (d) E-mail: (e) Address: House No: (f) Locality      Ward number(in case of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code;</p> <p><b>DECLARATION:</b> 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 Act, 1969 (amended in 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.</p> <p>(After completing all columns 1 to 12, informant will put date and signature)</p>	<p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p>	<p>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. Tick appropriate entry” Town” or “Village” and write its name): Town or Village: sub-district: District: State or Union Territory:      PIN Code:</p> <p>Age of the mother (in completed years) at the time of this birth: Mother’s level of education:</p> <p>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 others</p> <p>Duration of pregnancy (in weeks) Cause of fetal death(if known)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Code No.</th> </tr> </thead> <tbody> <tr> <td>District</td> <td></td> <td></td> </tr> <tr> <td>Sub- District</td> <td></td> <td></td> </tr> <tr> <td>Town/village</td> <td></td> <td></td> </tr> </tbody> </table> <p>(In the case of multiple birth, 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)</p>		Name	Code No.	District			Sub- District			Town/village		
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Date:-	Signature or thumb impression	(Columns to be filled are over. Now put signature at left
To Be filled by the registrar		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		Registration Unit: Registration No: Registration Date: 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 Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. 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. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
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.																									
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	(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)																									
12	Cause of fetal death – Write one of following—																									
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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.