



Speed Post

No. 1/12/2014 – VS (CRS)

GOVERNMENT OF INDIA

MINISTRY OF HOME AFFAIRS

OFFICE OF THE REGISTRAR GENERAL, INDIA

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Dated: 07-11-2014

CIRCULAR

Sub: Inclusion of the column of UID number in Birth/ Death and Still birth reporting form and implementation of CRS Software.

As you are aware, Civil Registration System (CRS) Software has been developed for registration of birth and death, generation of certificates, various statistical reports and for linkage with National Population Register (NPR). To make every event registration unique, all the registration units have been coded with unique id as per the office circular number No. 9-1/2009-VS (CRS) dt 5.09.2012. The events so registered would bear a unique registration number in a specified format, for example, for birth “B-YYYY-State code-registration unit code-registration number”. The States were instructed to use the CRS software throughout the state vide this office D.O. No. 2/17/2013-VS (CRS) dated 24.02.2014(Copy enclosed).

2. To achieve linkage between the CRS and NPR/Aadhaar, Unique Identification (UID) number being the person’s authentication information need to be collected in birth and death reporting forms also. The UID number of the parents in case of birth and still birth, UID number of deceased, parents of the deceased and spouse (if deceased is married) need to be filled in birth and death reporting form. UID number so collected would be used for linking birth and death events occurring in a family to NPR database through the CRS Software. Necessary directions for inclusion of UID number in Birth/ Death and Still birth reporting form as legal requirement for issue of birth and death certificates and linkage with UID /NPR database has been issued to States vide this office letter even no dated 22.08.2014 (Copy enclosed).

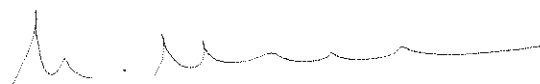
3. In view of the above, you are requested to revise the birth, death and still birth reporting forms and include a column of UID number of father and mother (parents) in these forms. In addition to that UID number of the deceased and spouse (if deceased is married) should also be collected in death reporting form. The specimen of the revised reporting forms is also attached for ready reference.



“Ensure Registration of Every Birth and Death”

4. You are requested to initiate the action to amend the relevant Rule and ensure the inclusion of aforesaid column in form number 1, 2 and 3. In this connection, necessary permission as required under Section 30(1) of the RBD Act, 1969 is granted to amend the respective forms. Necessary steps in this regard may kindly be taken on priority basis.

5. Further it is also clarified that in order to implement the CRS software effectively in the State/ UT, it is advisable to collect the UID number of the parents and others in the existing reporting form itself till the forms are revised. This office may be apprised about the action taken in the matter.



(C.Chandramouli)
Registrar General, India

Encl. Revised reporting forms

To

The Chief Registrar of Births and Deaths
(Odisha, West Bengal, Tamil Nadu, Chandigarh, Delhi, Daman & Diu, Dadra & Nagar Haveli, Lakshadweep, Andaman & Nicobar Islands, Puducherry)

No. 1/12/2014 – VS (CRS) New Delhi

Dated 07-11-2014

Copy forwarded to the concerned DCO with the request to take up the matter with the Chief Registrar.



(P.A. Mini)
Deputy Registrar General (CRS)



“Ensure Registration of Every Birth and Death”

STILL BIRTH REPORT

Legal information

This part to be added to the Still Birth Register

To be filled by the informant

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

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

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- 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)

 - Hospital/ Institution Name & Address:**
 - House Address :**
 - Others:**
- 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** _____

STILL BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing

To be filled by the informant

- 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.)
 - Name of Town/Village :**
 - Is it a town or village :** (Tick the appropriate entry below)
 - Town** 2. **Village**
 - Name of District :**
 - Name of State :**
- Age of the mother (in completed years) at the time of this birth :**
- 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)
- Type of attention at delivery :** (Tick the appropriate entry below)
 - Institutional – Government**
 - Institutional – Private or Non-Government**
 - Doctor, Nurse or Trained midwife**
 - Traditional Birth Attendant**
 - Relatives or others**
- Duration of pregnancy: (in weeks)**
- Cause of foetal death : (if known)**

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

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.

To be detached and sent for statistical processing

FORM NO. 3
(See Rule 5)
STILL BIRTH REPORT FORM

To be filled by the Registrar

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

Name and Signature of the Registrar _____

Name

District : _____
 Tahsil : _____
 Town/Village : _____
 Registration Unit : _____

To be filled by the Registrar

Code No.	Registration No. : _____
	Registration Date : _____
	Date of Birth : _____
	Sex : 1.Male 2.Female
	Place of Birth : 1.Hospital/Institution 2.House

Name and Signature of the Registrar _____