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GOVERNMENT OF GOA

Department of Planning

Directorate of Planning, Statistics & Evaluation
Office of the Chief Registrar of Births & Deaths

Notification

DPSE/RBD/167/2023-Amendment/2023/2143

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), the Government of Goa, with the approval of the Central Government, hereby makes the following rules so as to further amend the Goa Registration of Births and Deaths Rules, 1999, namely:—

Short title and commencement.— (1) These rules may be called the Goa Registration of Births and Deaths (Amendment) Rules, 2024.

(2) They shall come into force on the date of their publication in the Official Gazette.

Amendment of rule 5.— In rule 5 of the Goa Registration of Births and Deaths Rules, 1999 (hereinafter referred to as the "principal Rules"), for sub-rule (1), the following sub-rule shall be substituted, namely:—

"(1) The information required to be given to the Registrar under section 8 or section

9, as the case may be, shall be in Form Nos. 1, 1A, 2 and 3 for the registration of a birth, birth of an adopted child, death and still birth respectively, hereinafter to be collectively called the reporting forms. Information, if given orally, shall be entered by the Registrar in the appropriate reporting forms, and the signature/thumb impression of the informant obtained."

Substitution of rule 7.— In the principal Rules, for rule 7, the following rule shall be substituted, namely:—

"7. *Form of certificate under sub-sections (2) and (3) of section 10.*— The certificate as to the cause of death, including the history of illness, if any, required under sub-sections (2) and (3) of section 10 shall be issued in Form No. 4 and 4A respectively and the Registrar shall, after making necessary entries in the register of births and deaths, forward all such certificates to the Chief Registrar or the officer specified by him in this behalf, by the 10th of the month immediately following the month to which the certificates relate."

Substitution of rule 8.— In the principal Rules, for rule 8, the following rule shall be substituted, namely:—

“8. *Certificate of registration of births or deaths to be given under section 12.*— (1) The certificate of birth or death extracted from the register relating to births or deaths to be given to an informant, electronically or otherwise, under section 12 shall be in Form No. 5 or Form No. 6, as the case may be.

(2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clauses (a), (aa), (ab) and (ac) of sub-section (1) of section 8 which are reported directly to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise, the certificate of birth or death from the Registrar within thirty days of its reporting.

(3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8 which are reported by persons specified by the Government under sub-section (2) of the said section, the person so specified shall transmit, electronically or otherwise, the certificate received from the Registrar of Births and Deaths to the concerned head of the house or house hold, as the case may be, or in his absence, the nearest relative of the head present in the house or, in his absence, the oldest adult person present, within thirty days of its issue by the Registrar.

(4) In the case of institutional events of births and deaths, as the case may be, referred to in clauses (b) to (e) of sub-section (1) of section 8, the nearest relative of the new born or deceased may obtain, electronically or otherwise, the certificate from the officer or

person incharge of the institution concerned within thirty days of the occurrence of the event of birth or death, as the case may be.

(5) If the certificate of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the Officer or person incharge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.”.

Substitution of rule 9.— In the principal Rules, for rule 9, the following rule shall be substituted, namely:—

“9. *Authority for delayed registration and fee payable therefor.*— (1) Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of twenty rupees.

(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or the officer prescribed in this behalf and on payment of a late fee of fifty rupees and on production of self-attested document, electronically or otherwise, in Form No. 14.

(3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorised by the District Magistrate, having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of one hundred rupees.”.

Amendment of rule 12.— In rule 12 of the principal Rules, for the expression “Forms No.1, 2, and 3”, the expression “Form Nos. 1, 1A, 2 and 3” shall be substituted.

Substitution of rule 13.— In the principal Rules, for rule 13, the following rule shall be substituted, namely:—

“13. *Fees and postal charges payable under section 17*— (1) The fees payable for a search to be made, a certificate of birth or death or a non-availability certificate to be issued under section 17, electronically or otherwise, shall be as follows:

	Rupees
(a) Search for a single entry in the first year for which the search is made	20.00
(b) For every additional year for which the search is continued	20.00
(c) For granting certificate relating to each Birth or Death	50.00
(d) For granting non-availability certificate of Birth or Death	25.00.

(2) Any such certificate on the basis of extract from the register relating to birth or death shall be issued under section 17, by the Registrar or the officer authorised by the Government in this behalf, in Form No. 5 or, as the case may be, in Form No.6 and shall be certified as provided under section 75 of the Bharatiya Sakshya Adhiniyam, 2023 (Act No. 47 of 2023).

(3) If any particular event of birth or death is not found registered, the Registrar shall issue a non-availability certificate in Form No.10.

(4) Any such certificate or non-availability certificate may be furnished to the person

asking for it or sent to him by post on payment of the postal charges therefor.”.

Amendment of rule 16.— In rule 16 of the principal Rules, for sub-rule (2), the following sub-rule shall be substituted, namely:—

“(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees in respect of each birth or death for offences under sub-sections (1A) and (4A) of section 23, as the said officer may think fit.”.

Insertion of new rule 16A.— After rule 16 of the principal Rules, the following rule shall be inserted, namely:—

“16A. *Appeal.*— An appeal under sub-section (1) of section 25A shall be preferred in Form No. 15.”.

Amendment of rule 17.— In rule 17 of the principal Rules,— (i) for sub-rule (2), the following sub-rule shall be substituted, namely:—

“(2) The permission granted under sub-section (2) of section 13 and the orders issued under sub-section (3) of section 13 for delayed registration received by the Registrar, shall form an integral part of the birth register, death register and still birth register and shall not be destroyed.”.

(ii) in sub-rule (3), for the expression “sub-section (3)”, the expression “sub-sections (2) and (3)” shall be substituted.

11. *Substitution of Form No.1.*— In the principal Rules, for Form No.1, the following form shall be substituted, namely:—

Form No.1

FORM NO.1
(See rule 5)
BIRTH REPORT
Legal information

[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

FORM NO.1
(See rule 5)
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. **Child's Details** (If not named, leave blank) :-
(a) Name, if any : First Name Middle Name Last Name
(b) Aadhaar No.(if available):

4. **Father's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No.(if available):
(c) Mobile No:
(d) Email Id:

5. **Mother's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No.(if available):
(c) Mobile No:
(d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No: _____
Locality: _____ Ward number (in case of town and if available): _____
Town or Village: _____ Sub-district: _____ District: _____
State or Union Territory: _____ PIN Code:

7. **Permanent address of parents:** House No: _____
Locality: _____ Ward number (in case of town and if available): _____
Town or Village: _____ Sub-district: _____ District: _____
State or Union Territory: _____ PIN Code:

8. **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:

9. **Informant's Details:**
(a) Name: First Name Middle Name Last 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 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.

(After completing all columns 1 to 22, informant will put date and signature)

Date:

Signature or left thumb mark of the informant

BR No.....

ENDORSEMENT

To be detached and sent for statistical processing

To be filled by the informant

10. **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:

11. **For Religion** [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
(a) **Religion of Father:** _____
(b) **Religion of Mother:** _____

12. **Father's level of education:** _____
13. **Mother's level of education:** _____

14. **Father's Occupation:** _____
15. **Mother's Occupation:** _____

16. **Age of the mother (in completed years) at the time of marriage** (if married more than once, age at first marriage is to be written): _____

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

18. **Number of children born alive to the mother so far including this child** (Number of children born alive to include also those from earlier marriage(s), if any) : _____

19. **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

20. **Method of Delivery** (Tick the appropriate entry below):
1. Natural
2. Caesarean
3. Forceps/Vacuum

21. **Birth Weight (in kgs.)** (if available) : _____

22. **Duration of pregnancy** (in weeks) : _____

(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	
Sub-District	
Town/Village :	

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 1: 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.																									
3,4,5,9	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]. If child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).																									
6,7,8,9	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.																									
8	Tick the appropriate entry for place of birth 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.																									
10	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.																									
12,13	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1.Pre-Primary</td> <td>6.Class 5</td> <td>11.Class 10</td> <td>16. Bachelor Undergraduate /</td> <td>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> </tbody> </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																							
14, 15	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker																									

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

”.

12. Insertion of new Form No. 1A.— In the principal Rules, after Form No.1, the following form shall be inserted, namely: -

“

Form No.1A

FORM NO.1-A (Legal information) (See rule 5) BIRTH REPORT FOR ADOPTED CHILD [SEE REVERSE FOR INSTRUCTIONS] <i>This part to be added to the Birth Register</i>	FORM NO.1-A Statistical information (See rule 5) BIRTH REPORT FOR ADOPTED CHILD [SEE REVERSE FOR INSTRUCTIONS] <i>This part to be detached and sent for statistical processing</i>								
<p><i>To be filled by the informant</i></p> <p>1*. Date of Birth: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>2*. Sex (Enter "Male" or "Female" or "Transgender person") :</p> <p>3. Child's details (If name is changed on adoption, write new name):- (a) Name of the Child <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No.(if available): <input type="text" value="Aadhaar No."/></p> <p>4*. Mother's Details (If known):- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No.(if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No"/> (d) Email Id: <input type="text" value="Email Id"/></p> <p>5*. Father's Details(If known):- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No.(if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No"/> (d) Email Id: <input type="text" value="Email Id"/></p> <p>6. Details of adoption deed / order:- (a) Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> (b) Number of Adoption deed / order:</p> <p>7. Adoptive Mother's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No.(if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No"/> (d) Email Id: <input type="text" value="Email Id"/></p> <p>8. Adoptive Father's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No.(if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No"/> (d) Email Id: <input type="text" value="Email Id"/></p> <p>9. Address of adoptive parents as recorded in Adoption deed / order: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/></p> <p>10. Permanent address of adoptive parents: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/></p> <p>11*. 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: <input type="text" value="PIN Code"/></p> <p>12. If adoption through agency write the address of the Adoption agency: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/></p> <p>13. Informant's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No.(if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No"/> (d) Email Id: <input type="text" value="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: <input type="text" value="PIN Code"/> <i>*As contained in the original birth certificate.</i></p> <p>DECLARATION: <input type="checkbox"/> 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. <i>(After completing all columns 1 to 18, informant will put date and signature)</i></p> <p>Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> Signature or left thumb mark of the informant</p>	<p><i>To be filled by the informant</i></p> <p>14. For Religion [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]</p> <p>(a) Religion of Adoptive Father:</p> <p>(b) Religion of Adoptive Mother:</p> <p>15. Adoptive Father's level of education:</p> <p>16. Adoptive Mother's level of education:</p> <p>17. Adoptive Father's Occupation:</p> <p>18. Adoptive Mother's Occupation:</p>								
To be detached and sent for statistical processing									
<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> Registration Unit : _____ Town / Village: _____ Sub-District: _____ District: _____ Remarks (if any): _____</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	<p><i>To be filled by the Registrar</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Name</th> <th style="width:50%;">Code No.</th> </tr> </thead> <tbody> <tr> <td>District</td> <td></td> </tr> <tr> <td>Sub-District</td> <td></td> </tr> <tr> <td>Town/Village</td> <td></td> </tr> </tbody> </table> <p>Registration Unit : _____ Registration No. : _____ Registration Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> Date of Birth: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> Sex : Male / Female / Transgender person Place of Birth: 1.Hospital/Institution 2.House 3.Other place</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	Name	Code No.	District		Sub-District		Town/Village	
Name	Code No.								
District									
Sub-District									
Town/Village									

Instructions for completing the Form 1-A: BIRTH REPORT FOR ADOPTED CHILD

Item No.	Instructions																									
1, 6	<p>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.</p> <p>If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be.</p> <p>Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</p>																									
2	<p>Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.</p>																									
3,4,5,7,8,13	<p>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].</p>																									
9,10,11,12,13	<p>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.</p>																									
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17,18	<p>Occupation - Write one of following—</p> <ol style="list-style-type: none"> 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker 																									

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 2023).

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

”.

Instructions for completing the Form 2: DEATH 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.
2,4,5,6,10	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].
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	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.
9	For Place of death 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 death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

Form No.3

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 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.

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

Date: **Signature or left thumb mark of the informant**

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. 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.)

To be detached and sent for statistical processing

(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	
Sub-District	
Town/Village :	

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 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.																									
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;"> <tr> <td>1.Pre-Primary</td> <td>6.Class 5</td> <td>11.Class 10</td> <td>16. Bachelor Undergraduate</td> <td>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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12.	Cause of foetal death – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Bleeding (Hamorrhage)</td> <td>7. Diabetes in the mother</td> <td>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 Toxoplamosis</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 Toxoplamosis	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.

FORM NO. 4

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.....

on - - at.....A.M. / P.M.

NAME OF DECEASED: First Name Middle Name Last Name				For use of Statistical Office	
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender person					
CAUSE OF DEATH				Interval between onset and death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.		(a) due to (or as a consequences of)			
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last		(b) due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)			

Manner of Death

How did the injury occur?

- 1. Natural 2. Accident 3. Suicide 4. Homicide
- 5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification : - -

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : 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]. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

FORM NO. 4A

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths (Amendment) Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....Son /Wife/ Daughter ofresident of was under my treatment from to and he/she died

on

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 at.....A.M. / P.M.

NAME OF DECEASED: First Name Middle Name Last Name					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender Person					
CAUSE OF DEATH				Interval between onset and death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(a)	due to (or as a consequences of)		(c)	
II Other significant conditions contributing to the death but not related to the disease or condition causing it		
.....		

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
 If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following 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]. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

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Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.

Form No.5
(See rule 8 and 13)

क्र./No.

**गोंय सरकार**
GOVERNMENT OF GOAनमुनो - ५
Form - 5कार्यालय /Office of
प्रमाणपत्र जारी करपी थळावे संस्थेचें नांव /Name of local body issuing certificate**जल्म प्रमाणपत्र**
BIRTH CERTIFICATE

[जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ (दुरुस्ती २०२३) च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम २०२४ च्या नेम ८/१३ अंतर्गत जारी केला.]

[Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8/13 of the Goa Registration of Births and Deaths (Amendment) Rules, 2024]

अशें प्रमाणीत करता की सकयल दिल्ली माहिती ही जल्माच्या मूळ लेखांतल्यान घेतल्या, जो गोंय राज्याच्या जिल्ल्याच्यातहसील/ तालुक्याच्या(थळाव्या वाठार/ थळावे संस्थेंत) रजिस्ट्रांत नोंद आसा.

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of tehsil/block..... of District of Goa State.

नांव/ Name:

लिंग/ Sex: जल्म तारीख/ Date of Birth:

जल्म सुवात/ Place of Birth:

आवयचें नांव/ Name of Mother:

आवयचो आधार क्र./Aadhaar No. of Mother:

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

बापायचें नांव/ Name of Father:

बापायचो आधार क्र./Aadhaar No. of Father:

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

भुरग्याच्या जल्मा वेळार पालकांचो पत्तो
Address of the parents at the time of birth of the childपालकांचो कायमचो पत्तो
Permanent address of parents

नोंदणी क्र./Registration No.: नोंदणी केल्ली तारीख/ Date of Registration:

शेरो (जरी आसल्यार)/ Remarks (if any):

जारी केल्ली तारीख/ Date of issue:

जारी करपी प्राधिकार्याची सय/ Signature of issuing authority

जारी करपी प्राधिकार्याचो पत्तो/ Address of issuing authority

शिवको/
Seal

“प्रत्येक जल्म वा मृत्यूची नोंदणी केल्या हाची खात्री करची”/ “Ensure registration of every birth and death”

(All the entries should be in ENGLISH only) / (सगळ्यो नोंदी फकत इंग्लिशींतल्यान करच्यो)

Form No.6
(See rule 8 and 13)

क्र./No.	 गोंय सरकार GOVERNMENT OF GOA	नमुनो - ६ Form - 6												
	कार्यालय /Office of प्रमाणपत्र जारी करपी थळावे संस्थेचें नांव /Name of local body issuing certificate													
मृत्यू प्रमाणपत्र DEATH CERTIFICATE														
<p>[जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ (दुरुस्ती २०२३) च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम २०२४ च्या नेम ८/१३ अंतर्गत जारी केलां.]</p> <p>[Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8/13 of the Goa Registration of Births and Deaths (Amendment) Rules, 2024]</p> <p>अशें प्रमाणीत करता की सकयल दिल्ली माहिती ही मृत्यूच्या मूळ लेखांतल्यान घेतल्या, जो गोंय राज्याच्या जिल्ल्याच्यातहसील/ तालुक्याच्या(थळाव्या वाठार/ थळावे संस्थेत) रजिस्ट्रांत नोंद आसा.</p> <p>This is to certify that the following information has been taken from the original record of death which is the register for (local area/local body) of tehsil/block..... of District of Goa State.</p>														
नांव/ Name:														
मरण आयिल्ल्या व्यक्तीचो आधार क्र./ Aadhaar No. of deceased		<table border="1" style="width: 100%; text-align: center;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td></tr></table>	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X							
लिंग/ Sex:		मृत्यू तारीख/ Date of Death:												
मृत्यू सुवात/ Place of Death:														
आवयचें नांव/ Name of Mother:														
आवयचो आधार क्र./ Aadhaar No. of Mother:		<table border="1" style="width: 100%; text-align: center;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td></tr></table>	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X							
बापायचें नांव/ Name of Father:														
बापायचो आधार क्र./ Aadhaar No. of Father:		<table border="1" style="width: 100%; text-align: center;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td></tr></table>	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X							
घरकार/घरकार्नीचें नांव/ Name of Husband/Wife:														
घरकार/घरकार्नीचो आधार क्र./ Aadhaar No. of Husband/Wife:		<table border="1" style="width: 100%; text-align: center;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td></tr></table>	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X							
मृत्यू वेळार, मरण आयिल्ले व्यक्तीचो पत्तो Address of the deceased at the time of death		मृत्यू आयिल्ले व्यक्तीचो कायमचो पत्तो Permanent address of the deceased												
.....													
.....													
.....													
नोंदणी क्र./ Registration No.:		नोंदणी केल्ली तारीख/ Date of Registration:												
शेरो (जरी आसल्यार)/ Remarks (if any):														
जारी केल्ली तारीख/ Date of issue:														
जारी करपी प्राधिकार्याची सय/ Signature of issuing authority														
जारी करपी प्राधिकार्याचो पत्तो/ Address of issuing authority														
“प्रत्येक जल्म वा मृत्यूची नोंदणी केल्या हाची खात्री करची” / “Ensure registration of every birth and death”														

(All the entries should be in ENGLISH only) / (सगळ्यो नोंदी फकत इंग्लिशींतल्यान करच्यो)

FORM NO.7
(See rule 12)
BIRTH REGISTER
Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth:**

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Child's Details** (If not named, leave blank) :-
 (a) Name, if any :
 (b) Aadhaar No.(if available):

4. **Father's Details:-**
 (a) Name:
 (b) Aadhaar No.(if available):
 (c) Mobile No:
 (d) Email Id:

5. **Mother's Details:-**
 (a) Name:
 (b) Aadhaar No.(if available):
 (c) Mobile No:
 (d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

7. **Permanent address of parents:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

8. **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:

9. **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 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.
(After completing all columns 1 to 23, informant will put date and signature)

Date: **Signature or left thumb mark of the informant**

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

BR No.....

ENDORSEMENT

FORM NO.8
(Sec rule 12)
DEATH REGISTER
Legal information

This part to be added to the Death Register

To be filled by the informant

1. **Date of Death:**

2. **Deceased's Details:-**
 (a) Name:
 (b) Aadhaar No.(if available):
 (c) Date of Birth (if available):
 (d) Age:

3. **Sex** (Enter "Male" or "Female" or "Transgender person") :

4. **Mother's Details:-**
 (a) Name:
 (b) Aadhaar No.(if available):
 (c) Mobile No:
 (d) Email Id:

5. **Father's Details:-**
 (a) Name:
 (b) Aadhaar No.(if available):
 (c) Mobile No:
 (d) Email Id:

6. **Spouse's (husband / wife) Details:-**
 (a) Name:
 (b) Aadhaar No.(if available):
 (c) Date of Birth (if available):
 (d) Age (in completed years):
 (e) Mobile No:
 (f) Email Id:

7. **Address of the deceased at the time of death:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

8. **Permanent address of the deceased:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

9. **Place of death** (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 **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:

10. **Informant's Details:-**
 (a) Name:
 (b) Aadhaar No., if available:
 (c) Mobile No:
 (d) Email Id:
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 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.
 To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

DR No.....

ENDORSEMENT

(After completing all columns 1 to 21, informant will put date and signature)
 Date: **Signature or left thumb mark of the informant**

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:

FORM NO.9
(See rule 12)
STILL BIRTH REGISTER
Legal information

This part to be added to the Birth Register

<i>To be filled by the informant</i>																			
1.	Date of Birth: <table border="1" style="display: inline-table; text-align: center; width: 200px; height: 15px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y								
D	D	-	M	M	-	Y	Y	Y	Y										
2.	Sex (Enter "Male" or "Female" or "Transgender person") :																		
3.	Father's Details:-																		
(a)	Name: <table style="display: inline-table; border-bottom: 1px dashed black;"><tr><td style="width: 20%;">First Name</td><td style="width: 20%;">Middle Name</td><td style="width: 20%;">Last Name</td></tr></table>	First Name	Middle Name	Last Name															
First Name	Middle Name	Last Name																	
(b)	Aadhaar No.(if available): <table border="1" style="display: inline-table; text-align: center; width: 150px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
(c)	Mobile No: <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
(d)	Email Id:																		
4.	Mother's Details:-																		
(a)	Name: <table style="display: inline-table; border-bottom: 1px dashed black;"><tr><td style="width: 20%;">First Name</td><td style="width: 20%;">Middle Name</td><td style="width: 20%;">Last Name</td></tr></table>	First Name	Middle Name	Last Name															
First Name	Middle Name	Last Name																	
(b)	Aadhaar No.(if available): <table border="1" style="display: inline-table; text-align: center; width: 150px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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(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: <table border="1" style="display: inline-table; text-align: center; width: 80px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
6.	Informant's Details:																		
(a)	Name: <table style="display: inline-table; border-bottom: 1px dashed black;"><tr><td style="width: 20%;">First Name</td><td style="width: 20%;">Middle Name</td><td style="width: 20%;">Last Name</td></tr></table>	First Name	Middle Name	Last Name															
First Name	Middle Name	Last Name																	
(b)	Aadhaar No.(if available): <table border="1" style="display: inline-table; text-align: center; width: 150px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
(c)	Mobile No: <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
(d)	Email Id:																		
(e)	Address : House No: Ward number (in case of town and if available):																		
	Locality: Sub-district: District:																		
	State or Union Territory: PIN Code: <table border="1" style="display: inline-table; text-align: center; width: 80px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
DECLARATION:																			
<input type="checkbox"/> 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.																			
<i>(After completing all columns 1 to 12, informant will put date and signature)</i>																			
Date:	<table border="1" style="display: inline-table; text-align: center; width: 200px; height: 15px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Signature or left thumb mark of the informant	D	D	-	M	M	-	Y	Y	Y	Y								
D	D	-	M	M	-	Y	Y	Y	Y										
<i>To be filled by the Registrar</i>																			
Registration No. :																			
Registration Date:	<table border="1" style="display: inline-table; text-align: center; width: 200px; height: 15px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y								
D	D	-	M	M	-	Y	Y	Y	Y										
Registration Unit :																			
Town / Village:																			
Sub-District:																			
District:																			
Remarks (if any):																			
Name and Signature of the Registrar																			

FORM No.10
(See rule 13)

NON-AVAILABILITY CERTIFICATE

(Issued under Section 17 of the Registration of Births & Deaths Act, 1969 (amended in 2023))

This is to certify that a search has been made on the request of Shri/Smt./Kum..... son/wife/daughter of in the registration records for the year(s) relating to (Local area) of (Sub-District) of (District) of (State) and found that the event relating to the birth/death of son/daughter of was not registered.

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Signature of issuing authority

Seal

FORM No. 11
(See rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

- Report for the Month of: _____ Year : _____
- District:
- Town/ Village:
- Registration Unit:
- Number of Births Registered during the month:

Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)

- Time Gap in Birth registration:
 - Within Time limit (21 days) of their occurrence:
 - More than 21 days but within 30 days of their occurrence:
 - More than 30 days but within one year of their occurrence:
 - After one year of their occurrence:

Total* (a + b + c + d):

* Total should be equal to the number of statistical part of Birth Report Forms(Form No.1) attached with this monthly report.

Signature and Name of the Registrar

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Submitted to the Chief Registrar/District Registrar

FORM No. 12
(See rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

1. Report for the Month of: _____ Year _____
2. District:
3. Town/ Village:
4. Registration Unit:
5. Details of Deaths Registered during the Month:

Deaths (Including all Infant deaths & Child Deaths & Maternal Deaths)				Infants Deaths (Age less than one year)				Child Deaths (Age one year or more but less than five years)				Maternal Deaths	
Male	Female	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total		

6. Time Gap in Death registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

Note: Infant and Child Deaths & Maternal Deaths should also be included in the Deaths.

* Total should be equal to the number of statistical part of Death ReportForms (Form No.2) attached with this monthly report.

Signature and Name of the Registrar

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Submitted to the Chief Registrar/District Registrar

FORM No. 13

(See rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

1. Report for the Month of: _____ Year : _____
2. District:
3. Town/ Village:
4. Registration Unit:
5. Number of Still Births Registered during the month:

Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)

6. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

* Total should be equal to the number of statistical part of Still Birth Report Forms (Form No.3) attached with this monthly report.

Signature and Name of the Registrar

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Submitted to the Chief Registrar/District Registrar

”

14. Insertion of new Form No.14 and 15.– In the principal Rules, after Form No.13, the following Forms shall be inserted namely:-

“

Form No. 14

(See rule 9)

Format of Self-attested document for Delayed Reporting of BIRTH/DEATH under Section13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023)

DECLARATION

I.....,son/daughter/wife ofresident of do hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of____(name of child / deceased)_____son/daughter/spouse of
2. He / she was born / died on ___(date of birth / death)_____ at (place of birth / death).....;
3. He / she was attended at birth /death by _____ who resides at_____;
4. The reason(s) for the delay in reporting of his / her birth /death are _____;
5. His/her birth/death certificate is required for the purpose of _____;

DECLARATION:

I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.

Name and Signature or thumb mark of the informant

Date

D	D	-	M	M	-	Y	Y	Y	Y
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Notes:

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. 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].
3. 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.

Form No. 15
(See rule 16 A)

FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths Act, 1969 (amended in 2023))

1. Aggrieved by an action or order of: Registrar / District Registrar or any officer authorized to act as Registrar / District Registrar (details of office to be provided as below)

State	District	Sub-District	Village/Town	Locality	RU ID	Name of Registrar / Distt. Registrar or any officer authorized to act as Registrar / District Registrar

2. Account of Event Leading to appeal with date and order no. etc.
(Provide a detailed account of the occurrence, use attachments, if necessary)

DECLARATION:

I have furnished true information to the best of my knowledge and belief.

(Signature of the appellant)

Date

D	D	-	M	M	-	Y	Y	Y	Y
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Appellant details:

Name	Address	Aadhaar no.	Email Id	Mobile No.

Notes:

1. Please retain a copy of this form for your own records.
2. Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
3. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in twodigits, 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 0,1,2,3,4,5,6,7,8,9for recording dates and other numerical entries.
4. 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. 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.”

By order and in the name of the Governor of Goa.

Vijay B. Saxena, Director/Chief Registrar of Births & Deaths.

Porvorim, 23rd December, 2024.

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