

**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