Official Gazette Series I No. 47 Dated:- 23/02/2023

GOVERNMENT OF GOA
DIRECTORATE OF PLANNING, STATISTICS & EVALUATION
AND
OFFICE OF THE CHIEF REGISTRAR OF BIRTHS & DEATHS
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No.DPSE/RBD/Amendment-Rule/2020/3499 Dated:21/02/2023

NOTIFICATION

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, and in supersession of the Government Notification No.DPSE/RBD/Amendment-Rule/2020/3178 dated 16/01/2023, published in the Official Gazette Series I No.46 dated 16/02/2023, hereby makes the following rules so as to further amend the Goa Registration of Births and Deaths Rules, 1999, namely:-

1. **Short title and commencement.**-(1) These rules may be called the Goa Registration of Births and Deaths (Amendment) Rules, 2023.

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

2. **Substitution of Forms.**- In the principal rules and subsequent Amendment called the Goa Registration of Births and Deaths (Amendment) Rules, 2021. for the existing Form Nos.1 2, 3, 5, 6, 7, 8, and 9, the following forms shall be respectively substituted, namely:-

CHIEF REGISTRAR OF BIRTHS & DEATHS
GOVERNMENT OF GOA

Form No.1
(See rule 5)

Form No.7
(See rule 12)
BIRTH REGISTER

ORSEMENT

BIRTH REPORT
Legal Information
This part is to be added to the Birth Register

BIRTH REPORT
Statistical Information
This part to be detached and sent for statistical processing

FORM No. 1
In the case of multiple births, fill in 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 filled by the informant:

1. Date of Birth: (Enter the exact day, month and year the child was born e.g. 01-01-2000) ☐☐☐☐☐☐☐☐

2. Sex: (Enter 'Male, Female or Transgender', do not use abbreviation) .....

3. Name of the Child, if any: .....
(If not named, leave blank)
UID No. of Child ☐☐☐☐☐☐☐☐☐☐☐☐

4. Name of the Father: .....
(full name as usually written)
UID No. of Father ☐☐☐☐☐☐☐☐☐☐☐☐

5. Name of the Mother: .....
(full name as usually written)
UID No. of Mother ☐☐☐☐☐☐☐☐☐☐☐☐

5a. Permanent address of Parents: .....

5b. Address of Parents at the time of birth of Child: .....

6. Name of Grandfather (father's side): .....

7. Name of Grandmother (father's side): .....

8. Place of birth: .....
Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location).
1) Hospital/Institution Name: .....
2) House Address: .....
3) Other Place: .....

9. Informant's Name: .....
Address: .....

(After completing all columns 1 to 22, Informant will put date and signature here):

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

To be detached, and sent for statistical

To be filled by the informant:

10. Town or village of residence of the mother: (Place where the mother lives. This can be different from the place where the delivery occurred. The house address is not required to be entered):
a) Name of Town/Village:
b) Is it a Town or Village? (Tick the appropriate entry below):
(1) Town (2) Village
c) Name of District:
d) Name of State:

11. Religion of the Family (Tick the appropriate entry below):
(1) Hindu (2) Muslim (3) Christian
(4) Any other religion: (Write the name of the religion):

12. Father'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)

13. 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).

14. Father's occupation:
(If no occupation write 'Nil').

15. Mother's occupation:
(If no occupation write 'Nil').

To be filled by the informant:

16. Age of the mother (in completed years) at the time of marriage: (if married more than once, age at first marriage may be entered):

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)

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

To be filled by the Registrar:

Registration No. : Registration date :

Registration Unit : District :

Town/Village

Remarks (if any)

Name and signature of the Registrar

Name Code No.

District

Tehsil

Town/Village

Registration Unit

To be filled by the Registrar:

Registration No.: Registration date:

Date of Birth:

Sex: (1) Male (2) Female (3) Transgender

Place of Birth: (1) Hospital/Institution (2) House (3) Other Place

Name and signature of the Registrar

Form No.2
(See rule 5)

Form No.3
(See rule 12)
DEATH REGISTER

ENDORSEMENT
No. (.....)
DR .....

DEATH REPORT
Legal Information
This part is to be added to the Death Register

To be filled by the Informant:

1. Date of Death: (Enter the exact day, month and year the death took place e.g. 01-01-2000)

2. Name of the deceased: .....
(Full name as usually written)
UID No. of deceased

3. Sex of the deceased: .....
(Enter 'Male' Female or Transgender' do not use abbreviation)

4. Name of the Mother: .....
UID No. of Mother

5. Name of the Father: .....
UID No. of Father

5a. Name of Husband/Wife: .....
UID No. Husband/Wife

5b. Age of Husband/Wife: .....

5c. Contact details of Husband/Wife: .....

6. Age of the deceased: .....
(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 1 day in hours).

7. Address of the deceased at the time of Death: .....

8 Permanent address of the deceased: .....

9 Place of Death: .....
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place give location)
1) Hospital/Institution Name & Address: .....
2) House Address: .....
3) Other Place: .....

10 Informant's Name: .....
Address: .....

(After completing all columns 1 to 21, informant will put date and signature here).

Date: (Signature or left thumb mark of the informant)

To be detached and sent for statistical processing

DEATH REPORT
Statistical Information
This part to be detached and sent for statistical processing

FORM No.

To be filled by the informant:

11. Town or village of residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered):
a) Name of Town/Village:
b) Is it a Town or Village? (Tick the appropriate entry below):
(1) Town (2) Village
c) Name of District:
d) Name of State:

12. Religion (Tick the appropriate entry below):
(1) Hindu (2) Muslim (3) Christian
(4) Any other religion: (Write the name of the religion):

13. Occupation of the deceased:
(If no occupation write 'Nil')

14. Type of medical attention received before death: (Tick the appropriate entry below)
1) Institutional:
2) Medical attention other than institution
3) No medical attention.

To be filled by the informant:

15. Was the cause of death medically certified? (Tick the appropriate entry below):
(1) Yes (2) No

16. Name of disease or actual cause of death (For all deaths irrespective of whether medically certified or not):

17. In case, this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy : (Tick the appropriate entry below):
(1) Yes (2) No

18. If used to habitually smoke- for how many years?

19. If used to habitually chew tobacco in any form- for how many years?

20. If used to habitually chew arecanut in any form including pan massalai- for how many years?

21. If used to habitually drink alcohol- for how many years?

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

To be filled by the Registrar:
Registration No. Registration date
Registration Unit District :
Town/Village
Remarks (if any)

Name and signature of the Registrar

To be filled by the Registrar:
Name Code No
District :
Taluk :
Town/Village
Registration No. Registration date
Date of Death: ..... Age years/months/days/hours
Sex (1) Male (2) Female (3) Transgender
Place of Death (1) Hospital/Institution (2) House (3) Other place

Name and signature of the Registrar

REGISTRAR OF BIRTHS & D

Form No.3
(See rule 5)

Form No.9
(See rule 12)
STILL BIRTH REGISTER

FORM No. 3

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

STILL BIRTH REPORT
Legal Information
This part is to be added to the Still Birth Register

To be filled by the Informant:

1. Date of Birth: (Enter the exact day, month and year e.g. 01-01-2000) ☐☐☐☐☐☐☐☐

2. Sex: (Enter "Male, Female or Transgender", do not use abbreviation). .....

3. Name of the Father: .....
(Full name as usually written)
UID No. of Father ☐☐☐☐☐☐☐☐☐☐☐☐

4. Name of the Mother: .....
(full name as usually written)
UID No. of Mother ☐☐☐☐☐☐☐☐☐☐☐☐

5. 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. If other place give location).
1) Hospital/Institution Name: .....
2) House Address: .....
3) Other Place: .....

6. 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)*

To be filled by the Registrar
Registration No.: Registration date:
Registration Unit:
Town/Village: District::
Remarks (if any):

.....
Name and signature of the Registrar

To be detached and sent for statistical processing

STILL BIRTH REPORT
Statistical Information
This part to be detached and sent for statistical processing

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. The house address is not required to be entered):
a) Name of Town/Village:

b) Is it a Town or Village? (Tick the appropriate entry below):
(1) Town (2) Village

c) Name of District:

d) Name of State:

8. Age of mother (in completed years at the time of this birth):

9. 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).

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):

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

To be filled by the Registrar
Name Code No.
District:
Tehsil :
Town/Village:
Registration Unit:

To be filled by the Registrar
Registration No.:
Registration date:
Date of Birth:
Sex: (1) Male (2) Female (3) Transgender
Place of Birth: (1) Hospital/Institution (2) House (3) Other Place

(Name and signature of the Registrar)

CHIEF REGISTRAR OF BIRTHS & DEATHS
GOVERNMENT OF GOA

Form No.5
(See rule 8)

क्र.
No. _____

गोवा सरकार
GOVERNMENT OF GOA

नमुना – ५
Form - 5

कार्यालय/ Office of
प्रमाणपत्र जारी करपी संस्थेचें नांव/ Name of local body issuing certificate

जल्म दाखलाप्रमाणपत्र
BIRTH CERTIFICATE

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

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

ह्या प्रमाणपत्रा खातीर मळ्यार दिल्ली माहिती ही जल्माच्या मूळ नेमानल्यार घेतल्या जो गोंय राज्याच्या ..... जिल्ह्याच्या ..... तालुक्याच्या ..... (ठिकाण कार्यक्षेत्र संस्थेचें नांव) नोंदणीकृत 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 .....

यूआयडी क्र./UID No. X X X X X X X X

जल्म तारीख/Date of Birth: ..... जल्म मुकाम/Place of Birth: .....

आवयचें नांव/Name of Mother: .....

आवयचो यूआयडी क्र./UID No. of Mother X X X X X X X X

बापायचें नांव/Name of Father .....

बापायचो यूआयडी क्र./UID No. of Father X X X X X X X X

आज्यचें नांव (बापाय वटेतल्यान) /Name of grandfather (father's side): .....

आजयेचें नांव (बापाय वटेतल्यान)/Name of grandmother (father's side): .....

जल्मावेळार पालकांचो पत्तो Address of the parents at the time of birth of the child	पालकांचे कायमचे पत्ते Permanent address of parents
.....	.....
.....	.....
.....	.....

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

शेरे (जर्सी अशल्यार) /Remarks (if any): .....

जारी केल्ली तारीख/Date of issue .....

जारी करपी अधिकाऱ्याची सही/Signature of the issuing authority .....

जारी करपी अधिकाऱ्याचो पत्तो/Address of the issuing authority .....

"Ensure registration of every birth and death occurring in your area to maintain complete and accurate vital records"

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

REGISTRAR OF BIRTHS & DEA

Form No.6
(See rule 8)

क्र. ——— गोंय सरकार नमुनो – ६
No. ——— GOVERNMENT OF GOA Form - 6

कार्यालय / Office of . . . . . .
प्रमाणपत्र जारी करपी थळाचें संस्थेचें नांव/Name of local body issuing certificate

मृत्यू प्रमाणपत्र
DEATH CERTIFICATE

(जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम, २०२३ च्या नेम ८.१३ अंतर्गत जारी केलां).

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

अशें प्रमाणीत करता की सकयल दिल्ली माहिती ही मृत्यूच्या मूळ लेखानल्यान घेवन्या जो गोंय राज्यान्या ——— जिल्ल्याच्या ——— तहसील / ब्लॉकच्या ——— (थळ्या प्राधार/ थळाचे संस्थेन) रजिस्टरांत नोंद आसा

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.

मरण आयिल्ल्या व्यक्तीचें नांव/Name of deceased ——— लिंग/Sex ———

मरण आयिल्ल्या व्यक्तीचो यूआयडी क्र./UID No. of deceased | X | X | X | X | X | X | X | X | | | | |

मृत्यू तारेख/Date of Death: ——— मृत्यू सुवात/Place of Death: ———

आवयचें नांव/Name of Mother: ———
आवयचो यूआयडी क्र./UID No. of Mother | X | X | X | X | X | X | X | X | | | | |

बापायचें नांव / Name of Father: ———
बापायचो यूआयडी क्र./UID No. of Father | X | X | X | X | X | X | X | X | | | | |

घरकार/घरकारणीचें नांव / Name of Husband/Wife: ———
घरकार/घरकारणीचो यूआयडी क्र./UID No. of Husband/Wife | X | X | X | X | X | X | X | X | | | | |

मृत्यू येवंक मरण आयिल्ले व्यक्तीचो पत्तो
Address of the deceased at the time of death
. . . . . .
. . . . . .

मरण आयिल्ले व्यक्तीचो कायमचो पत्तो
Permanent address of the deceased
. . . . . .
. . . . . .

नोंदणी क्र./ Registration No. . . . . नोंदणी केल्ली तारीक /Date of Registration . . . . . .

शेरो / जरी आसल्यार) / Remarks (if any) . . . . . .

जारी केल्ली तारीक /Date of issue . . . . . .

जारी करपी प्राधिकाऱ्याची सय/Signature of the issuing authority

जारी करपी प्राधिकाऱ्याचो पत्तो/Address of the issuing authority

"Ensure registration of every birth and death." "प्रत्येक जल्म व मृत्यूचें नोंदणी केल्ल्याची खात्री करचो"

टिप्पण : या प्रमाणपत्रांत, नोंदणीक नोंद केल्ल्या प्रमाणें मृत्यूच्या प्रकरणा वांगडी समजोतावी एकोकीची कसलेंय खांस तपसणी केल्ली नासता.

Note : In Case of death, no deductions shall be made of particulars regarding the cause of death as entered in the Register. See proviso to sub-section (3)(1).

(All the entries should be in ENGLISH only. सगळ्यो नोंदी फकत इंग्लिशींतल्यान करचो)

CHIEF REGISTRAR OF BIRTHS & DEATHS
GOVERNMENT OF GOA

ENDORSEMENT
No. (.....)
DR .....

Form No. 7
(*See* rule 12)
BIRTH REGISTER
BIRTH REPORT
Legal Information
This part is to be added to the Birth Register

To be filled by the Informant:

1. Date of Birth: (Enter the exact day, month and year the child was born e. g. 01-01-2000) | | | | | | | | |

2. Sex: (Enter "Male, Female or Transgender", do not use abbreviation) .....

3. Name of the child, if any: .....
(If not named, leave blank)
UID No. of Child | | | | | | | | | | | |

4. Name of the father: .....
(Full name as usually written)
UID No. of Father | | | | | | | | | | | |

5. Name of the mother: .....
(Full name as usually written)
UID No. of Mother | | | | | | | | | | | |

5a. Permanent address of Parents: .....

5b. Address of Parents at the time of birth of Child: .....

6. Name of Grandfather (father's side): .....

7. Name of Grandmother (father's side): .....

8. Place of birth: .....
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location).
1) Hospital/Institution Name: .....
2) House Address: .....
3) Other Place: .....

9. Informant's Name: .....

Address: .....
(After completing all columns 1 to 22, Informant will put date and signature here):

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

To be filled by the Registrar

Registration No.: Registration Date:

Registration Unit: District:

Town/Village:

Remarks: (If any)

.....
Name and Signature of the Registrar

REGISTRAR OF BIRTHS & DEATHS

ENDORSEMENT
No.....
DR.....

Form No. 8
(*See* rule 12)

DEATH REGISTER
DEATH REPORT
Legal Information
(*This part is to be added to the Death Register*)

To be filled by the informant

1. Date of Death: (Enter the exact day, month and year the death took place e.g. 01-01-2000) | | | | | | | | |

2. Name of the deceased: .....
(Full name as usually written)
UID No. of deceased | | | | | | | | | | | | |

3. Sex of the deceased: .....
(Enter "Male, Female or Transgender" do not use abbreviation)

4. Name of Mother: .....
UID No. of Mother | | | | | | | | | | | | |

5. Name of Father: .....
UID No. of Father | | | | | | | | | | | | |

5a. Name of Husband/Wife: .....
UID No. Husband/Wife | | | | | | | | | | | | |

5b. Age of Husband/Wife: .....

5c. Contact details of Husband/Wife: .....

6. Age of the deceased: .....
(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 1 day, in hours).

7. Address of the deceased at the time of Death: .....

8. Permanent address of the deceased: .....

9. Place of Death: .....
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place give location).
1) Hospital/Institution Name & Address: .....
2) House Address: .....
3) Other Place: .....

10. Informant's Name: .....
Address: .....
(After completing all columns 1 to 21, informant will put date and signature here):

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

To be filled by the Registrar

Registration No.: Registration Date:

Registration Unit:

Town/Village: District:

Remarks (if any):

.....
Name and Signature of the Registrar

REGISTRAR OF BIRTHS & DEATHS

Form No. 9

(*See* rule 12)

STILL BIRTH REGISTER

STILL BIRTH REPORT

Legal Information

This part to be added to the Still Birth Register

To be filled by the informant:

1. Date of Birth: (Enter the exact day, month and year e.g. 1-1-2000). | | | | | | | | |
2. Sex: (Enter "Male, Female or Transgender", do not use abbreviation). .....
3. Name of the Father: .....
   (Full name as usually written)
   UID No. of Father | | | | | | | | | | | | |
4. Name of the Mother: .....
   (Full name as usually written)
   UID No. of Mother | | | | | | | | | | | | |
5. 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. If other place give location).
   1) Hospital/Institution Name: .....
   2) House Address: .....
   3) Other Place: .....
6. 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

To be filled by the Registrar:

Registration No.: Registration Date:

Registration Unit:

Town/Village: District:

Remarks (if any):

.....

Name and Signature of the Registrar

"

CHIEF REGISTRAR OF BIRTHS & DEATHS

GOVERNMENT OF GOA

By Order and in the name of the Governor of Goa

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

To,

The Director, Department of Printing & Stationery, Govt. Printing Press, Panaji- Goa,... with a request to publish in the next issue of Official Gazette.

Copy to:

1. O.S.D. to Chief Minister, Secretariat, Provorim- Goa.
2. P.A. to Principal Secretary (Planning), Secretariat, Porvorim- Goa.
3. The Director, Directorate of Census Operations, Goa Census House, Patto, Panaji- Goa.
4. The Collector, North Goa, Collectorate building, Panaji-Goa.
5. The Collector, South Goa, Collectorate building, Margao-Goa.
6. The Director, Directorate of Panchayats, Panaji- Goa.
7. The Director, Directorate of Municipal Administration, Panaji-Goa.
8. The State Registrar & Head of Notary Services, Patto, Panaji-Goa.
9. The Dean, Goa Medical College, Bambolim-Goa.

Copy for information to:

1. The Additional Collector-I-cum-District Registrar of Births & Deaths, North Goa.
2. The Additional Collector-I-cum-District Registrar of Births & Deaths, South Goa.
3. All the Block Development Officers-cum-Addl. District Registrar of Births & Deaths -Goa With request to circulate all the Registrars of BPD within your
4. All the Chief Officers/Commissioner-cum-Registrar of Births & Deaths of Municipal/Corporation of City-Goa Jurisdiction
5. The Medical Superintendent-cum-Registrar of Births & Deaths, Goa Medical College, Bambolim-Goa
6. The Civil Registrar-Sub Registrar-cum-Registrar of Births & Deaths of all talukas-Goa.
7. All the Village Panchayat Secretaries-cum- Registrar of Births & Deaths -Goa.
8. Guard file
9. Office copy

CHIEF REGISTRAR OF BIRTHS & DEATHS
GOVERNMENT OF GOA