

16
21/2/22

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT
ORDERS BY THE GOVERNOR**

NOTIFICATION

Dated Shillong, the 18th January, 2022.

No.Health.350/2015/34 :- In exercise of the power conferred by section 30 of the Registration of Births and Deaths Act, 1969, the Governor of Meghalaya is pleased to hereby amend the Meghalaya Registration of Births & Deaths Rules, 1999, namely :-

1. Short title and commencement :-

- (i) These rules may be called the Meghalaya Registration of Births and Deaths (Amendment) Rules, 2021.
- (ii) They shall come into force with immediate effect.

2. Amendment of Rule 11 : After sub-rule (1) of rule 11 of the Meghalaya Registration of Births and Deaths, Act, 1999, the following new proviso shall be inserted, namely :-

“Provided that an application for correction of entries in Birth/Death Certificates is received within the stipulated time for entry of name of the Child or Registration of events, a draft Certificate accompanied with a declaration form shall be issued to the beneficiaries to confirm the details therein. On their confirmation, through submission of the draft Birth/Death Certificates alongwith the declaration, final Birth/Death Certificates shall be issued. Therefore, no further corrections shall be allowed to made in the Birth and Death Certificates in future”.

(Sd/-Sampath Kumar,IAS.,)
Principal Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department

Memo. No.Health.350/2015/34-A

Dated Shillong, the 18th January, 2022.

Copy to :-

1. P.S. to the Minister, incharge Health & Family Welfare Department for kind information of the Minister.
2. P.S. to the Chief Secretary, for kind information of the Chief Secretary.
3. P.S. to Principal Secretary, Health & Family Welfare Department for kind information of the Principal Secretary.
4. P.A to Commissioner & Secretary, Health & Family Welfare Department for kind information of the Commissioner & Secretary.
5. Director of Health Services(MI)/(MCH&FW)/(R),Meghalaya, Shillong for information.
6. Director of Health Services (MCH&FW)-cum Chief Registrar of Births & Deaths, Meghalaya, Shillong with reference to letter No.DHS/MCH/DEMO/3/96/3102 Dt.16.3.2021.
7. Director of Printing & Stationery for favour of publication in the Meghalaya Gazetted.
8. Jt. DHS (SS) Civil Hospital, Shillong/the Medical Superintendent (Jt.DHS) Ganesh Das Hospital, Shillong/Jt.DHS (Garo Hills, Division) Tura.
9. State T.B Officer-cum-Superintendent, R.P. Chest Hospital, Shillong.
10. District Medical & Health Officer, East Khasi Hills, Shillong/West Khasi Hills, Nongstoin/Ri-Bhoi District, Nongpoh/West Jaintia Hills District, Jowai/West Garo Hills District, Tura/East Garo Hills, Williamnagar/South Garo Hills, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jantia Hills, Khliehriat/South West Khasi Hills, Mawkyrwat/Eastern West Khasi Hills, Mairang.
11. Superintendent, Civil Hospital, Jowai/Tura/Nongpoh/Nongstoin/Williamnagar/MCH Hospital, Tura/ Tirot Singh Memorial Hospital, Mairang.

By Orders etc.,

Under Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

159
18/12/22
ml/-



सत्यमेव जयते

No.....



GOVERNMENT OF MEGHALAYA
DEPARTMENT OF HEALTH AND FAMILY WELFARE

Form-5



Name of local body issuing certificate.....

DRAFT BIRTH CERTIFICATE ✓

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969
and Rule 8/13 the Meghalaya Registration of Births and Deaths Rules, 1999

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 tahsil/block.....of District.....
of the state of Meghalaya

Name.....sex.....

Date of birth..... Place of birth.....

Name of Mother.....

Name of Father.....

Address of parents at the time of birth of the child:
Permanent Address of the parents:

.....

.....

Registration No:..... Date of Registration:.....

Remarks[if any].....

Date of issue..... Signature of the issuing authority.....

Address of the issuing authority.....

Seal

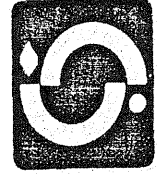
“Ensure registration of every birth and death”



सत्यमेव जयते

No.....

Form-6



GOVERNMENT OF MEGHALAYA
DEPARTMENT OF HEALTH AND FAMILY WELFARE

Name of local body issuing certificate.....

DRAFT DEATH CERTIFICATE

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969
and Rule 8/13 the Meghalaya Registration of Births and Deaths Rules, 1999

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 tahsil /block
.....of District.....of the State of Meghalaya.

Name: Sex:

Date of Death: Place of Death:

Name of Mother:

Name of Father:

Name of Husband/ Wife:

Name, Age and Contact/Address details of Husband/wife/widow/widower

Address of the deceased at the time of death:

Permanent Address of the deceased:

.....
.....
.....

.....
.....
.....

Registration No:

Date of Registration:

Remarks [if any]:

Date of issue:

Signature of the issuing authority
Address of the issuing authority

Seal

DECLARATION FOR CORRECTION OF BIRTH REGISTER RECORDS

To,

The Registrar of Births and Deaths

Sub: Regarding issue of correction in Birth Register.

Respected Sir/ Madam,

I _____ (Applicant Name),
would like to request your office to make necessary correction/s in birth records of
_____ (name of child/name
of patient) S/o, D/o _____ who was born on the
_____ (Date of Birth).

I would like to request for correction in the said document as follows:

Sl No.	<u>Present/ Previous Recorded</u>	Sl No.	<u>Correction(s) Required</u>
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

I am attaching the following documents as applicable required for the necessary correction in the said documents.

1. Mother's ID proof (photocopy)
2. Father's ID proof (photocopy)
3. Hospital Record documents [photocopy (in case of institutional event)]
4. Draft Birth Certificate with wrong particulars
5. Affidavit (Original)
6. All documents produced by applicant should be self attested.

Thanking You

Yours faithfully,

Signature:

Name (Block Letter):

Contact Number:

Address:

UNDERTAKING: I hereby declare that the corrections required are genuine and final and that no further request for correction will be submitted by me or on my behalf.

DECLARATION FOR CORRECTION OF DEATH REGISTER RECORDS

To,

The Registrar of Births and Deaths

Sub: Regarding issue of correction in Death Register.

Respected Sir/ Madam,

I _____ (Applicant Name),
would like to request your office to make necessary correction/s in Death Register records of
_____ (name of deceased)
S/o, D/o, W/o, H/o _____ who
died on the _____ (Date of Death).

I would like to request for correction in the said document as follows:

Sl No.	<u>Present/ Previous Recorded</u>	Sl No.	<u>Correction Required</u>
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

I am attaching the following documents as applicable required for the necessary correction in the said documents.

1. Death Slip issued from hospital (photocopy)
2. ID proof of deceased (photocopy)
3. Affidavit (Original)
4. Relationship proof of applicant with deceased
5. Draft Death Certificate with wrong particulars
6. All documents produced by applicant should be self attested.

Thanking You

Yours faithfully,

Signature:

Name (Block Letter):

Contact Number:

Address:

UNDERTAKING: I hereby declare that the corrections required are genuine and final and that no further

Relationship Proof of Applicant with Deceased

(Declaration by close relative/Family member for obtaining Death Certificate)

I/ We _____

(S/O, D/O, Spouse/O) _____

Resident of (Complete Address) _____

do hereby solemnly affirm and declare as under:

1. That the exact date of death of Shri/Ms/Smt. _____
Sex [(Male/Female/Transgender)] Son/ Daughter/Spouse of _____
who died at _____
(Complete Address) is _____ (Date of Death).
2. That the Name of father of the above deceased is _____
3. That the Name of Mother of the above deceased is _____
4. That the Name of Spouse of the above deceased is _____

The above information is true and correct to the best of my knowledge and belief and nothing has been concealed therein. In case of fraud event, action may be initiated against me/us, as per the provisions laid down under Registration of Births and Deaths Act, 1969.

Signature of Applicant

Dated:

Name (in *block letters*):

Relationship with deceased:

Address:

Contact Number:

Email Id (If any):