

CHAPTER 30:01 - BIRTHS AND DEATHS REGISTRATION: SUBSIDIARY LEGISLATION
INDEX TO SUBSIDIARY LEGISLATION

Births and Deaths (Alteration of Register) Rules
Births and Deaths (Civil Registration Pilot Project) Regulations
Births and Deaths Registration Regulations

BIRTHS AND DEATHS (ALTERATION OF REGISTER) RULES

(under section 17)

(28th September, 1979)

ARRANGEMENT OF RULES

RULE

1. Citation
2. Procedure for altering register of births or deaths
3. Application by parent, guardian or personal representative

S.I. 91, 1979.

1. Citation

These Rules may be cited as the Births and Deaths (Alteration of Register) Rules.

2. Procedure for altering register of births or deaths

An application to the High Court for the alteration of any register of a birth or death in compliance with the provisions of sections 15 and 16 of the Act shall be made by motion in accordance with the procedure specified in Order 13 of the Rules of the High Court of Botswana for bringing an application on notice of motion.

3. Application by parent, guardian or personal representative

Without prejudice to the powers of the Registrar of Births and Deaths, an application under rule 2 for the alteration of a register of a birth or a death may be made-

- (a) in respect of the birth of a person who is under the age of 21 years, by his parent or guardian; and
- (b) in the case of a death, by the personal representative of the deceased.

BIRTHS AND DEATHS REGISTRATION REGULATIONS

(under section 25)

(1st April, 1969)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Interpretation
3. Duties and powers of Registrar
4. Duties and powers of District Registrar and Registration Officer
5. Registers
6. Notification of births
7. Notification of deaths
8. Notification of death by medical practitioner
9. Birth and death certificates
10. Late registration of births and deaths
11. Appeal to the Minister
12. Registration as father of child born out of wedlock
13. Amendment of birth registration after parents' marriage
14. Inspection of registers, etc.
15. Certified copies of entries in registers, etc.

16.
17. Fees

First Schedule - Forms
Second Schedule - Scale of Fees

S.I. 18, 1969,
S.I. 123, 1980,
S.I. 41, 1985,
S.I. 29, 2003.

1. Citation

These Regulations may be cited as the Births and Deaths Registration Regulations.

2. Interpretation

In these Regulations-

"the District Registrar" means the District Registrar of the district or area in which the relevant birth or death took place.

"Registration Officer" means the Registration Officer of an area in which the relevant birth or death took place.

3. Duties and powers of Registrar

Subject to the Act, the duties and powers of the Registrar shall be-

- (a) to take charge of and preserve all books, registers and records of births and deaths which occurred prior to the commencement of the Act;
- (b) to require the submission to him of any documentary proof he may consider necessary to have for the proper discharge of his functions;
- (c) to take charge of and preserve all such books, forms, registers, returns and other documents as form part of the records of the Registrar's Office;
- (d) to receive and deal with applications for searches and for certified copies of births and deaths registers or other documentary proof and to obtain and furnish such information concerning births and deaths as may be required;
- (e) to cause indices to be made of all births and deaths records in his custody;
- (f) to have the general control and superintendence of the registration of births and deaths,

and all officers on whom by the Act or these Regulations any power or duty is imposed or conferred shall, in the exercise of such power or duty, conform to the lawful instruction of the Registrar.

4. Duties and powers of District Registrar and Registration Officer (1) Subject to the provisions of the Act, the duties and powers of a District Registrar shall be to-

- (a) fill in the prescribed forms on behalf of persons who verbally give information concerning births or deaths occurring in his district;
- (b) receive forms of information on births and deaths accompanied by declarations, if required, verifying the information given therein;
- (c) examine forms of information received and any documents in support thereof and cause any defect or inaccuracy therein to be corrected; and
- (d) superintend and control, subject to the lawful instructions of the Registrar, the registration of births and deaths in his district.

(2) A Registration Officer shall, in respect of the area for which he is responsible, exercise the same powers and perform the same duties as, a District Registrar.

(3) A Registration Officer shall transmit all completed forms and any other related documents received by him in terms of this section, to the District Registrar.

(4) A District Registrar shall transmit all completed forms received by him from a

Registration Officer in terms of this section, to the Registrar.

5. Registers The Register of Births, the Register of Still-Births and the Register of Deaths shall be as prescribed in the First Schedule.

6. Notification of births Any person whose duty it is to give notice of a birth or a still birth under section 6 of the Act shall either send to the District Registrar or the Registration Officer of the district in which the birth or still-birth, as the case may be, took place, an information form in Form CRB2 in the First Schedule or give verbal notice of the birth or still-birth, as the case may be, to the District Registrar or Registration Officer of the district in which the birth or the still-birth took place.

7. Notification of deaths Any person, not being the medical practitioner who attended during the last illness of the deceased, who wishes to give notice of a death or whose duty it is to give notice of a death in terms of section 7 of the Act, shall either send to the District Registrar or Registration Officer of the district in which the death took place, an information form in Form CRD2 in the First Schedule, or give verbal notice of the death to the District Registrar or Registration Officer who shall complete Form CRD2 in the First Schedule in respect of such death and cause it to be signed by the informant.

8. Notification of death by medical practitioner Any medical practitioner whose duty it is to give notice of a death in terms of section 7 of the Act or who is required by the Registrar or other person to do so in terms of section 21 of the Act shall send to the District Registrar or Registration Officer, a notice in Form CRD2 in the First Schedule.

9. Birth and death certificates Birth certificates issued by the Registrar in terms of section 10(1) of the Act shall be in Form CRB3 in the First Schedule in the case of a live birth, or in Form CRB4 in the First Schedule in the case of a still-birth, death certificates shall be in Form CRD3 in the said Schedule, and the fees payable therefor shall be as prescribed in the Second Schedule.

10. Late registration of births and deaths An application for the registration of a birth or death in terms of section 11(2) shall be made by delivering notice of such birth or death to the District Registrar or Registration Officer in Form CRB2 or Form CRD2 in the First Schedule, as the case may require, accompanied by the appropriate fee as prescribed in the Second Schedule.

11. Appeal to the Minister

Any person who wishes to exercise the right of appeal to the Minister in terms of section 11(5) of the Act shall lodge notice of appeal in writing, specifying the grounds on which he claims to be aggrieved, with the Minister within 30 days of the refusal of the Registrar to register the birth or death in question.

12. Registration as father of child born out of wedlock The consent, in terms of section 19 of the Act, of the father of a child born out of wedlock to have his name entered in the information form relating to the birth of such child or in the Births Register as father of the child shall be in Form CRB5 in the First Schedule and shall be transmitted to the District Registrar.

13. Amendment of birth registration after parents' marriage Whenever the Registrar is satisfied that the alleged parents of a person, application for the registration of whose birth is made in terms of section 20 of the Act, are in fact his parents and that they are married to each other, he shall enter the particulars of the birth in the Births Register and shall cause the information form relating to the birth to be amended accordingly and shall cancel the previous entry in the register relating to the birth.

14. Inspection of registers, etc.

Any person shall be entitled, on giving 24 hours notice and on paying the prescribed fee to the Registrar, to search the indices and to inspect any entry in the registers and any document kept in terms of these Regulations in the custody of the Registrar.

15. Certified copies of entries in registers, etc.(1) Any person shall be entitled on payment of the prescribed fee to have a copy of any entry in the registers or of any other document kept

in terms of these Regulations in the custody of the Registrar.

(2) Every such copy shall be an exact copy of the entry or other document with a certificate at the foot in Form B9 in the First Schedule and shall be signed by the Registrar.

16.17. Fees

(1) The fees payable in respect of any act, matter or thing required or authorised to be done under the Act shall be those specified in the Second Schedule.

(2) The Minister may, where in his opinion special circumstances exist, direct that any fee so payable shall be waived.

**FIRST SCHEDULE
FORMS Form CRB1
REGISTER OF BIRTHS
(regulation 4)**

District From: to:
(State date on which last entry was made in the Register) (State date on which first entry was made in the Register)

Birth certificate No.	Names of child	Date of birth of child	Father's particulars	Mother's particulars	Date of registration of birth	Date of issue of certificate	Date of collection of certificate
Names	Nationality	Names	Nationality				

Total number of births in District:

**Form CRB2
NOTICE OF LIVE BIRTH/STILL BIRTH/NOT IN HEALTH INSTITUTION**

Form Number:



Official Stamp

REPUBLIC OF BOTSWANA
BIRTH AND DEATH REGISTRATION ACT
NOTICE OF LIVE BIRTH / STILL BIRTH IN HEALTH / NOT IN HEALTH INSTITUTION

Registration Office: Record Number Registration No

Declarant ID Number Surname

District Forename

City/Town/Village Other Name(s)

Date of Notice _____ Relation to Child: _____
Declarant Physical Address _____ Postal Address _____

1.1 Name of Child		PARTICULARS OF BIRTH	
		Surname	Forename
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Other Name(s) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.2 Sex: <input type="checkbox"/> M <input type="checkbox"/> F	1.3 Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.4 Born Alive <input type="checkbox"/>	Still born <input type="checkbox"/>
		d d m m y y y y	

1.5 Result of Delivery Single Multiple 1.6 Place of Birth District

City/Town/Village

a) Health Facility Name of Health Facility _____
 b) Home c) Other (Specify) _____

1.7 Weight of child Grams 1.8 Did child look normal after birth? Yes No 1.9 Ges. Period

1.10 Did mother have difficulty giving birth? Yes No 1.11 Was mother ill at time of delivery? Yes No

PARTICULARS OF MOTHER

2.1 Nationality _____ 2.2 ID Number

2.3 Surname Forename

Other Name(s)

2.4 Age of Mother 2.5 Marital Status a) Married b) Divorced c) Single d) Widowed

2.6 Usual Residence: City/Town/ Village Ward/Street

2.7 Level of education a) Primary b) Secondary c) Post Secondary d) Higher e) None

2.8 Occupation _____ 2.9 Number of children born alive 2.10 Number of children still alive

Form CRB-2

Form Number : _____ **Acknowledgement**

ID Number _____ Name of Mother/ Declarant _____ Relation to Child : _____
 Place of Registration _____ Date _____ Amount (in Pula) : _____
 Receipt No : _____ Date of Payment _____ Name of District Officer _____ Signature _____
 Collected by : _____ Signature _____ Date of Collection : _____

PLEASE TURN OVER

PARTICULARS OF FATHER

3.1 Nationality _____ 3.2 ID Number

3.3 Surname Forename

Other Name(s)

3.4 Age of Mother 3.5 Marital Status a) Married b) Divorced c) Single d) Widowed

3.6 Usual Residence: City/Town/ Village Ward/Street

3.7 Level of education a) Primary b) Secondary c) Post Secondary d) Higher e) None

3.8 Occupation _____

IT IS AN OFFENCE TO KNOWINGLY GIVE INCORRECT INFORMATION

Signature : _____ Declarant _____
 Name _____ Designation _____ Signature : _____ Date : _____
 Med. Officer/Midwife
 Name _____ Designation _____ Signature : _____ Date : _____

Form CRB3
CERTIFICATE OF BIRTH
 BIRTHS AND DEATHS REGISTRATION ACT
 (Cap. 30:01)
 (regulation 9)

- 1. Certificate number
- 2. Registration number
- 3. Date of Birth of child

- 4. Place of Birth of child
- 5. Names of child
- 6. Sex of child
- 7. Father's name and surname
- 8. Mother's name and maiden name
- 9. Date of registration of birth

I hereby certify the above to be a true and correct extract from the Register of Births kept at Gaborone in the Republic of Botswana.

.....
Registrar of Births and Deaths

DATED this day of, 20.....

Form CRB4
CERTIFICATE OF STILL-BIRTH
BIRTHS AND DEATHS REGISTRATION ACT
(Cap. 30:01)
(regulation 9)

- 1. Certificate number
- 2. Registration number
- 3. Date of still-birth
- 4. Place of still-birth
- 5. Sex of still-birth
- 6. Father's name and surname
- 7. Mother's name and maiden name
- 8. Date of registration of still-birth

I hereby certify the above to be a true and correct extract from the Register of Still-Births kept at Gaborone in the Republic of Botswana.

.....
Registrar of Births and Deaths

DATED this day of, 20.....

Form CRB5
FATHER'S CONSENT TO REGISTRATION
BIRTHS AND DEATHS REGISTRATION ACT
(Cap. 30:01)
(regulation 12)

I,
Name(s) *Surname*

hereby consent to have my name entered in the relevant form of information of birth and in the Register of Births as the father of

.....
(Name (s) of child)

born at
(City/Town/Village)

in the District
(Name of District)

on the day of, 20.....
to

(Name (s) and maiden surname of mother)

Signature Date

If informant is illiterate, he should place his mark here

A witness to such mark should sign here

Form CRB6
REGISTER OF STILL-BIRTHS

(regulation 4)

District: From: to:

(State date on which last entry was made in the Register)

(State date on which first entry was made in the Register)

No. of still-birth certificate	Date of still-birth	Sex of still- born	Father's particulars	Mother's particulars	Date of registration of still- birth	Date of issue of certificate	Date of collection of certificate
Names	Nationality	Names	Nationality				

Total number of births in District:

Form CRD1 REGISTER OF DEATHS

(regulation 4)

District: From: to:

(State date on which last entry was made in the Register)

(State date on which first entry was made in the Register)

Death Certificate No.	Date of death of deceased	Place of death of deceased	Name of deceased	Sex of deceased	Age of deceased	Occupation of deceased	Cause of death of deceased	Date of registration	Date of issue of certificate	Date of Collection of Certificate

Total number of births in District:

Form CRD2 NOTICE OF DEATH IN HEALTH/NOT IN HEALTH INSTITUTION

Form Number:



Official Stamp

REPUBLIC OF BOTSWANA

BIRTH AND DEATH REGISTRATION ACT NOTICE OF DEATH IN HEALTH / NOT IN HEALTH INSTITUTION

Registration Office:

Record Number

Registration No

Declarant

ID Number

Surname

District

Forename

City/Town/Village

Other Name(s)

Date of Notice

Declarant Physical Address

Relation to Deceased:

Postal Address

PARTICULARS OF DEATH

1.1 Nationality _____	1.2 ID Number <input type="text"/>
1.3 Surname <input type="text"/>	Forename <input type="text"/>
Other Name(s) <input type="text"/>	
1.4 Sex: <input type="checkbox"/> M <input type="checkbox"/> F	1.5 Date of Death: <input type="text"/>
d d m m y y y y	
1.6 Age at Death <input type="text"/> Day(s)/Month(s)/Year(s)	
1.7 Place of Death District <input type="text"/>	
City/Town/Village <input type="text"/>	
a) Health Facility <input type="checkbox"/>	Name of Health Facility _____
b) Home <input type="checkbox"/>	c) Other (Specify) _____
1.8 Marital Status a) Married <input type="checkbox"/>	b) Divorce <input type="checkbox"/>
c) Single <input type="checkbox"/>	d) Widowed <input type="checkbox"/>
1.9 Usual Residence: City/Town/ Village <input type="text"/>	
Ward/Street <input type="text"/>	
1.10 Level of education a) Primary <input type="checkbox"/>	b) Secondary <input type="checkbox"/>
c) Post Secondary <input type="checkbox"/>	d) Higher <input type="checkbox"/>
e) None <input type="checkbox"/>	
1.11 Occupation _____	1.12 Symptoms before death _____
1.13 Duration of Illness _____	1.14 Hospitalisation Period _____
1.15 Cause of death _____	
a) Disease or condition leading to death _____	
b) Morbid condition if any giving to the above cause, stating the underlining condition last _____	
c) Other significant conditions contributing to death, but not related to the disease or condition causing it _____	
PARTICULARS OF NEXT OF KIN	
2.1 ID Number <input type="text"/>	
2.2 Surname <input type="text"/>	Forename <input type="text"/>
Other Name(s) <input type="text"/>	
2.3 Age <input type="text"/>	2.4 Relationship _____
2.5 Physical/Postal Address _____	
Form CRB-2	
Form Number :	Acknowledgement
ID Number _____	Name of Mother/ Declarant _____
Place of Registration _____	Date _____
Relation to Deceased : _____	Amount (in Pula) : _____
Receipt No _____	Date of Payment _____
Name of District Officer _____	Signature _____
Collected by _____	Signature _____
	Date of Collection : _____
PLEASE TURN OVER	
IT IS AN OFFENCE TO KNOWINGLY GIVE INCORRECT INFORMATION	
Signature _____	
Registration Assistant	
Name _____	Designation : _____
Signature : _____	Date : _____
Med. Officer	
Name _____	Designation : _____
Signature : _____	Date : _____

Form CRD3
CERTIFICATE OF DEATH
 BIRTHS AND DEATHS REGISTRATION ACT
 (Cap. 30:01)
 (regulation 9)

- | | |
|-----------------------------------|-------|
| 1. Certificate number | |
| 2. Identifying number of deceased | |
| 3. Date of death of deceased | |
| 4. Place of death of deceased | |
| 5. Full names of deceased | |
| 6. Sex of deceased | |
| 7. Age of deceased | |

8. Occupation of deceased
 9. Cause of death of deceased
 10. Date of registration of death

I hereby certify the above to be a true and correct extract from the Register of Still-Births kept at Gaborone in the Republic of Botswana.

.....
 Registrar of Births and Deaths

DATED this day of, 20.....

**SECOND SCHEDULE
 SCALE OF FEES**

<i>Type of certificate or service</i>	<i>Amount</i>
1. Late registration of birth or death	P5 for each month or part of a month during which a birth or death has not been registered as required, which amount shall not exceed P100.
2. Birth or Death Certificate (first issue)	Free.
3. Inspection of any register or document in the custody of the Registrar	P20.
4. Certified copy of entry in any register or document in the custody of the Registrar	P20.
5. Alteration of surname or forename in relevant Births' Register	P10.

BIRTHS AND DEATHS (CIVIL REGISTRATION PILOT PROJECT) REGULATIONS

*(under section 25)
 (1st May, 1992)*

S.I. 43, 1992.

1. Citation and application

(1) These Regulations may be cited as the Births and Deaths (Civil Registration Pilot Project) Regulations.

(2) These Regulations shall apply in respect of the areas of Gomare, Francistown, Serowe and Kanye townships.

2. Amendment of Cap. 30:01

For the purpose of registering births and deaths in the areas specified in subregulation 1(2), the Births and Deaths Registration Regulations shall be read and interpreted as though for regulations 6, 7 and 10 thereof were substituted the following new regulations, and as if for Forms B1, B2, B3 and B4 there were substituted the appropriate Forms CR5, CR6, CRB1, CRB2, CRD1 and CRD2 set out in the Schedule hereto-

"6. Notification of births

(1) Any person wishing to give notice of a birth, or any person whose duty it is to give notice of a birth or a still-birth, under section 6 of the Act, shall, if the birth or still-birth took place elsewhere than in a health institution, send to the District Registrar information in Form CRB1 in the First Schedule, or if the birth or still-birth took place in a health institution, information in Form CRB2.

(2) A person unable to complete the necessary forms shall report the birth or still-birth verbally to the District Registrar, who shall complete the appropriate Form and cause it to be signed by the person making the report."

"7. Notification of death

(1) Any person, not being a medical practitioner, who attended during the last illness of the deceased, and wishing, or any person whose duty it is, to give notice of the death in terms of section 7 of the Act, shall, if the death took place elsewhere than in a health

institution send to the District Registrar information in Form CRD1, or if the death took place in a health institution, information in Form CRD2.

(2) A person unable to complete the necessary forms shall report the death verbally to the District Registrar, who shall complete the appropriate Form and cause it to be signed by the person making the report."

"10. Late registration of births and deaths

The fees set out in the Second Schedule to the Act shall be paid upon the registration of births, still-births and deaths when such registrations take place in such circumstances as are respectively specified in that Schedule."

**"Form C.R.5
BIRTHS REGISTER**

Record No	S.N	Registration No	Name of child	Sex	Date of Birth	Place of Birth	Name of mother	Name of Father	Date of Registration	Nationality		Signature District
										Mother	Father	

**"Form C.R.6
DEATHS REGISTER**

Record No	S.N	Registration No	Name of Deceased	Sex	Age at Death	Place of Death	Date of Death	Occupation	Cause of Death

**"Form C.R. B-1
NOTICE OF LIVE BIRTH/STILL BIRTH NOT IN HEALTH INSTITUTION**

Serial Number

OFFICIAL STAMP



REPUBLIC OF BOTSWANA
BIRTH AND DEATH REGISTRATION ACT

Record Number

Name of Declarant: Forename

Registration No.

District

Town/Village

Address.....
PARTICULARS OF BIRTH

1.1 Name of Child

Forename

Surname

Other Names

1.2 Sex: Male Female 1.3 Date of birth

1.4 (a) Born alive Still birth

1.5 Result of delivery: Single Multiple 1.6 Place of birth a) Health facility (b) Home (c) Other (Specify).....

Name of Health Facility:.....

PARTICULARS OF MOTHER

2.1 Name of Mother

Forename

Surname

Other Names

2.2 Age of Mother 2.3 I.D. Number

2.4 Marital Status: (a) Married Place Date (b) Divorced (c) Widowed (d) Single

2.5 Usual residence: Village/Town Ward/Street

2.6 Level of education: Primary Secondary Post Secondary Higher None

2.7 Occupation: 2.8 Nationality

2.9 No of Children Born Alive 2.10 No of Children Still A

PARTICULARS OF FATHER

3.1 Name of Father

Forename

[Grid for Forename]

Surname

[Grid for Surname]

Other Names

[Grid for Other Names]

3.2 Age of Father

[Grid for Age of Father]

3.3 I.D. Number

[Grid for I.D. Number]

3.4 Marital Status: (a) Married

(b) Divorced

(c) Widowed

(d) Single

3.5 Usual residence: Village/Town

[Grid for Village/Town]

Ward/Street

[Grid for Ward/Street]

3.6 Level of education: Primary

Secondary

Post Secondary

Higher

None

3.7 Occupation:

[Grid for Occupation]

3.8 Nationality

[Grid for Nationality]

Signature: Mother/Declarant

Registration Assistant: Name Designation Signature

Med. Officer/Midwife Designation Signature Date

"Form C.R. B-2

NOTICE OF LIVE BIRTH/STILL BIRTH IN HEALTH INSTITUTION

Serial Number

OFFICIAL STAMP



**REPUBLIC OF BOTSWANA
BIRTH AND DEATH REGISTRATION ACT**

Record Number

[Grid for Record Number]

Name of Declarant: Forename

[Grid for Name of Declarant: Forename]

Registration No.

[Grid for Registration No.]

Surname

[Grid for Surname]

District

[Grid for District]

Relation to the Child.....

Town/Village

[Grid for Town/Village]

Address.....

PARTICULARS OF BIRTH

1.1 Name of Child

Forename

[Grid for Forename]

Surname

[Grid for Surname]

Other Names

[Grid for Other Names]

1.2 Sex: Male Female

1.3 Date of birth
Still birth

1.4 (a) Born alive

1.5 Result of delivery: Single Multiple
Name of Health Facility:.....

1.6 Place of birth (a) Health facility (b) Home
(c) Other (Specify).....
Day Month Year

1.7 Weight of child: Grams

1.8 Did child look normal after birth? Yes No

1.9 Ges. Period

1.10 Did Mother have difficulty giving birth? Yes No

1.11 Was mother ill at time of delivery? Yes No

PARTICULARS OF MOTHER

2.1 Name of Mother

Forename

Surname

Other Names

2.2 Age of Mother

2.3. I.D. Number

2.4 Marital Status:

(a) Married Place Date (b) Divorced (c) Widowed

(d) Single

2.5 Usual residence: Village/Town Ward/Street

2.6 Level of education: Primary Secondary Post Secondary Higher None

2.7 Occupation:

2.8 Nationality

2.9 No. of Children Born Alive

2.10 No. of Children Still Alive

PARTICULARS OF FATHER

3.1 Name of Father

Forename

Surname

Other Names

3.2 Age of Father

3.3. I.D. Number

3.4 Marital Status:

(a) Married Place Date (b) Divorced
(c) Widowed (d) Single

3.5 Usual residence: Village/Town Ward/Street

3.6 Level of education: Primary Secondary Post Secondary Higher None

3.7 Occupation:

3.8 Nationality

Signature: Mother/Declarant

Registration Assistant: Name Designation Signature

Med Officer/Midwife: Designation Signature Date"

**"Form C.R. D-1
NOTICE OF DEATH NOT IN HEALTH INSTITUTION**

Serial Number

OFFICIAL STAMP



**REPUBLIC OF BOTSWANA
BIRTH AND DEATH REGISTRATION ACT**

Record Number

Name of Declarant: Forename

Registration No.

Surname

District

Relation to the

Deceased.....

Town/Village

Address of Next of Kin

PARTICULARS OF DEATH

1.1 Name of Deceased

Forename

Surname

Other Names

1.2 Sex: Male Female

1.3 Date of death

1.4 (a) Age at death

Day Month Year

Day Month Year

1.5 I.D. Number

1.6 Place of death (a) Health facility (b) Home

Name of Health Facility:.....

(c) Other

(Specify).....

1.7 Marital Status:

(a) Married Place

Date (b) Divorced (c) Widowed

(d) Single

1.8 Usual residence Village/Town

Ward/Street

1.9 Level of education: Primary Secondary Post Secondary Higher None

1.10 Occupation:

1.11 Nationality

PARTICULARS OF MOTHER
(If deceased is under 16 years of age)

2.1 Name of Mother

Forename

Surname

Other Names

2.2 Age of Mother

2.3 I.D. Number

Signature: Mother/Declarant

Registration Assistant: Name Designation Signature

Chief/Supervisor: Designation Signature Date"

**"Form C.R. D-2
NOTICE OF DEATH IN HEALTH INSTITUTION**

Serial Number

OFFICIAL STAMP



**REPUBLIC OF BOTSWANA
BIRTH AND DEATH REGISTRATION ACT**

Record Number

Name of Declarant: Forename

Registration No.

Surname

District

Relation to the Deceased

Town/Village

Address of Next of Kin

PARTICULARS OF DEATH

1.1 Name of Deceased

Forename

Surname

Other Names

1.2 Sex:

Male

Female

1.3 Date of death

1.4 Age at death

Day Month Year

