## REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267, SECTION 29)

# REGISTRATION OF BIRTHS AND DEATHS RULES

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[2nd January 1990]

## Citation

**1.** These Rules may be cited as the Registration of Births and Deaths Rules.

## Definition

**2.** In these Rules, unless the context otherwise requires, "dangerous infectious disease" has the same meaning as in the Infectious Diseases Act (Cap. 137).

## BIRTHS

## **Report of birth**

**3.** Reports of birth shall be made at the office of the supervising deputy registrar, if any, or of any deputy registrar duly appointed for any registration area.

## Identification

**4.** For the purpose of registering a birth, the supervising deputy registrar or the deputy registrar may require the parents of the child to produce —

- (a) their identity cards or other identification documents, if any;
- (b) their marriage certificate, if any; and
- (c) such other documents as may be issued by the medical practitioner or midwife who delivered the child.

# Particulars of birth

**5.** Particulars of the birth shall be recorded in the register of births in Form A set out in the First Schedule.

# Deputies to forward completed registers to registrar

**6.** The deputy registrar of a registration area shall forward the duly completed registers of births through the supervising deputy registrar, if any, for his registration area, to the office of the registrar.

# Subsequent registration of name

7. When the name of a child is not reported at the time of making such report, and the name is subsequently reported under section 11 of the Act, an application and a certificate in Form B, C or D set out in the First Schedule shall be presented to the registrar.

# Surname of illegitimate child

**8.**—(1) An application for the surname of the father of an illegitimate child to be entered in a register of births as having been given to the child under section 10(3) of the Act, shall be made to the registrar having custody of the register.

(2) Where the application is made —

- (a) by a parent or guardian of the child, it shall be in Form E set out in the First Schedule; or
- (b) by the child who has attained 21 years of age, it shall be in Form F set out in the First Schedule.

## General provisions for registration of particulars of parents of child under Status of Children (Assisted Reproduction Technology) Act 2013

**8A.**—(1) This rule applies when it is brought to the Registrar-General's attention that the Status of Children (Assisted Reproduction Technology) Act 2013 (Act 16 of 2013) applies to a child.

(2) The particulars of the parents of the child shall be registered or re-registered in Form A set out in the First Schedule, if the Registrar-General is satisfied of both of the following matters:

- (a) the parenthood of the child under the Status of Children (Assisted Reproduction Technology) Act 2013;
- (b) the child was born in Singapore.

(3) In a re-registration under paragraph (2), the original entry in the register shall be erased.

(4) The Registrar-General may refuse to register or re-register the particulars of the parents of a child under paragraph (2) if it has been brought to the Registrar-General's attention that there is a dispute as to the parenthood of the child under the Status of Children (Assisted Reproduction Technology) Act 2013.

[S 677/2014 wef 01/10/2014]

# **Registration after declaration of parenthood under Status of Children (Assisted Reproduction Technology) Act 2013**

**8B.**—(1) This rule applies where a court makes an order under the Status of Children (Assisted Reproduction Technology) Act 2013 (Act 16 of 2013) declaring the parenthood of a child.

(2) An application to the Registrar-General for the child to be registered or re-registered in accordance with the court order must be made within 3 months after the date of the court order.

(3) The application under paragraph (2) may be made by —

- (a) any parent or guardian of the child;
- (b) the person who applied for the court order; or
- (c) the child, if the child is 21 years of age or older.

(4) The application under paragraph (2) must be in such form as the Registrar-General may specify, and must be accompanied by the following documents:

- (a) the court order;
- (b) the original birth certificate (if any) of the child;
- (c) a copy of the identity card or other identification document of each parent of the child;
- (*d*) any other documents that the Registrar-General may require in any particular case.

(5) The Registrar-General shall register or re-register the birth of the child only if the court has determined, or the Registrar-General is satisfied, that the child was born in Singapore.

(6) The particulars of the parents of the child shall be registered or re-registered in Form A set out in the First Schedule.

(7) In a re-registration under paragraph (6), the original entry in the register shall be erased.

(8) For the purposes of paragraph (6) —

- (*a*) a man may be registered as the child's father even if the man was not the child's father at the time the child was born;
- (b) if the child has no father under the Status of Children (Assisted Reproduction Technology) Act 2013, the child's surname, if any, shall be the surname of the child's mother; and
- (c) the child's name may be re-registered only to the extent that the child's name reflects the name or surname of a person who is not the child's parent.

[S 677/2014 wef 01/10/2014]

# Legitimation of child under Status of Children (Assisted Reproduction Technology) Act 2013

**8C.**—(1) If a child whose birth is registered under the Act is subsequently legitimated under section 11 of the Status of Children (Assisted Reproduction Technology) Act 2013 (Act 16 of 2013), an

application may be made to the Registrar-General to re-register the name or surname of the child.

(2) The application under paragraph (1) may be made by —

- (a) any parent of the child; or
- (b) the child, if the child is 21 years of age or older.

(3) The application under paragraph (1) must be made within 3 months after the date on which the child is legitimated, or such longer time as the Registrar-General may allow.

(4) The application under paragraph (1) must be in such form as the Registrar-General may specify and must be accompanied by the following documents:

- (a) the court order;
- (b) the original birth certificate of the child;
- (c) a copy of the identity card or other identification document of each parent of the child;
- (d) the marriage certificate of the child's parents;
- (e) any other documents that the Registrar-General may require in any particular case.

(5) The Registrar-General shall re-register the name or surname of the child only if the Registrar-General is satisfied that the child is legitimated.

[S 677/2014 wef 01/10/2014]

## DEATHS

## **Report of death**

**9.** In the case of a death where a medical practitioner has not given a certificate of the cause of death, a report of the death shall be made to any police station or neighbourhood police post.

## Sudden or unnatural death

**10.** A police officer shall —

- (*a*) in all cases of sudden or unnatural death comply with section 273 of the Criminal Procedure Code (Cap. 68); and
- (b) in all other cases immediately report the matter to the inspecting officer authorised by a registrar or a supervising deputy registrar under section 8(2) of the Act.

## **Duties of inspecting officer**

11.—(1) Upon being informed of a death, the inspecting officer authorised by the registrar or the supervising deputy registrar under section 8(2) of the Act shall forthwith proceed to the house or place where the body is, and shall view the body and make such inquiry as he may consider necessary.

(2) In a case where the death appears to be due to an unnatural cause or a dangerous infectious disease, the inspecting officer referred to in sub-paragraph (1) may there and then, if satisfied as to the cause of death, issue his certificate of the cause of death in Form G set out in the First Schedule.

## Procedure

**12.** The person desiring to bury or cremate the body shall take the certificate of the cause of death together with the identity card or other identification documents, if any, of the deceased to the office of the supervising deputy registrar, if any, or of the deputy registrar duly appointed for a registration area who shall record the particulars of the death in the register of deaths in Form H set out in the First Schedule.

## Death due to dangerous infectious disease

**13.** Where the death appears to be due to a dangerous infectious disease, the inspecting officer authorised under section 8(2) of the Act shall comply with section 6 of the Infectious Diseases Act (Cap. 137) and shall require the body to be sent to a hospital mortuary for postmortem examination.

## Procedure when medical practitioner gives certificate of death

14. In every case where a medical practitioner has given a certificate of the cause of death, the person desiring to bury or cremate the body shall take the certificate (which shall be in Form G set out in the First Schedule) together with the identity card or other identification documents, if any, of the deceased to the office of the supervising deputy registrar, if any, or of the deputy registrar duly appointed for a registration area and subject to section 19(3) of the Act, the supervising deputy registrar or the deputy registrar shall register the death in Form H set out in the First Schedule.

## When post-mortem examination held

**15.** In any case where a medical practitioner makes a post-mortem examination of a body, the certificate required by section 20 of the Act shall be in Form G set out in the First Schedule.

## Coroner's order for burial

**16.** A coroner's order for burial under section 274 of the Criminal Procedure Code (Cap. 68) shall be taken to a supervising deputy registrar or a deputy registrar who shall record the particulars of the death in the register of death in Form H set out in the First Schedule.

## **Coroner's certificate**

**17.** The supervising deputy registrar or a deputy registrar who receives a Coroner's certificate under section 21(1) of the Act shall record the particulars of the death in the register of death in Form H set out in the First Schedule with such modification as he may think necessary.

## STILL BIRTHS

## **Report of still birth**

**18.** Reports of still births shall be made at the office of the supervising deputy registrar, if any, or of any deputy registrar duly appointed for any registration area.

|                        | Registration of Births and Deaths |           |      |
|------------------------|-----------------------------------|-----------|------|
| <b>Cap. 267</b> , R 1] | Rules                             | [2000 Ed. | p. 9 |

## Documents

19. The identity cards or other identification documents, if any, of the parents together with the written certificate issued by the medical practitioner or midwife under section 14(a) of the Act or a declaration made by a person under section 14(b) of the Act have to be produced before registration is effected.

# Particulars to be recorded in register of still births

**20.** Particulars of a still birth shall be recorded in the register of still births in Form I set out in the First Schedule.

# Certificate by medical practitioner or midwife

**21.** The certificate by a medical practitioner or a midwife issued under section 14(a) of the Act, shall be in Form J set out in the First Schedule.

# Declaration

**22.** The declaration required under section 14(b) of the Act shall be in Form K set out in the First Schedule.

# GENERAL

# Form of late registers

**23.** The late registers provided in section 23 of the Act shall be in forms similar to those of the appropriate register endorsed with the words "Late Registration".

# Adopted abandoned child

**24.**—(1) Where an adoption order has been made by a court for the adoption of an abandoned child by any person, the registrar may, at the request of such person and before the issue of the certificate of registration of birth or certified extract from the register of births in respect of that child —

(a) insert a time representing the hour of birth of the child, wherever such time is not entered therein; and

(*b*) amend the place or address of birth of the child, wherever the entry appearing in the original register of births is likely to be embarrassing to the child in the future.

(2) The registrar may insert the correct particulars of the birth of such child in the certificate or certified extract if any new evidence relating thereto subsequently comes to light.

# **Extent of Rules**

**25.** These Rules shall apply to the registration of births, still births and deaths occurring within the territorial waters of Singapore.

# Application to search or for extract

**26.** An application for a search or a certified extract from the register of births or the register of deaths shall be made in such manner and form as the Registrar-General may require.

# Fees

**27.** The fees payable under the Act are set out in the Second Schedule.

# Waiver of fees

**28.** The Registrar-General of Births and Deaths may, in his discretion, waive wholly or in part the fees payable under these Rules.

Registration of Births and Deaths Rules

## FIRST SCHEDULE

## FORM A

Rule 5

# REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

|                                       |                          |                         | UBLIC OF SINC                     |                        |                                   |                       |  |  |  |  |  |  |  |  |
|---------------------------------------|--------------------------|-------------------------|-----------------------------------|------------------------|-----------------------------------|-----------------------|--|--|--|--|--|--|--|--|
| 0                                     |                          | REGISTRAT               | ION OF BIRTHS AN<br>(CHAPTER 267) |                        | 1                                 | BIRTH REGISTRATION NO |  |  |  |  |  |  |  |  |
| A A A A A A A A A A A A A A A A A A A |                          | CERTIFICATE             | OF REGISTRA                       | TION OF BIRT           | н                                 |                       |  |  |  |  |  |  |  |  |
|                                       | Birth Registered at      |                         |                                   |                        |                                   |                       |  |  |  |  |  |  |  |  |
| CHILD'S PARTICULARS                   | Full Name                |                         |                                   |                        |                                   |                       |  |  |  |  |  |  |  |  |
| PARTIC                                | Sex                      |                         | Date of Birth                     |                        | Hours                             |                       |  |  |  |  |  |  |  |  |
| CHILD'S                               | Place or Address of      | f Birth                 |                                   |                        |                                   |                       |  |  |  |  |  |  |  |  |
|                                       | Name                     |                         |                                   |                        |                                   | Date of Birth         |  |  |  |  |  |  |  |  |
| PARTICULARS                           | NRIC/Identification      | Document No.            | Race                              |                        | Dialect Group                     |                       |  |  |  |  |  |  |  |  |
| HOLE I                                | Nationality              |                         |                                   | Country/Place of       | Birth                             |                       |  |  |  |  |  |  |  |  |
| - 8                                   | Address                  |                         |                                   | L                      |                                   |                       |  |  |  |  |  |  |  |  |
| ARS                                   | Name                     |                         |                                   |                        |                                   |                       |  |  |  |  |  |  |  |  |
| PARTICULARS                           | NRIC/Identification      | Ocument No.             | Race                              |                        | ,                                 |                       |  |  |  |  |  |  |  |  |
| E A                                   | Nationality              |                         |                                   | Country/Place of Birth |                                   |                       |  |  |  |  |  |  |  |  |
| ŝ                                     | Nante                    |                         |                                   | <b>I</b>               |                                   |                       |  |  |  |  |  |  |  |  |
| ICULA                                 | NRIC/Identification      | Document No.            |                                   | Relationship           | 1.t                               |                       |  |  |  |  |  |  |  |  |
| PARTICULARS                           | Address                  |                         |                                   |                        | ander alle Palletter I and Said D |                       |  |  |  |  |  |  |  |  |
|                                       | FOR OFFICIAL U           | SE                      |                                   |                        |                                   |                       |  |  |  |  |  |  |  |  |
| 10                                    | ertify that the above in | formation given by me i | e correct.                        |                        |                                   |                       |  |  |  |  |  |  |  |  |
|                                       |                          |                         |                                   |                        |                                   |                       |  |  |  |  |  |  |  |  |
|                                       |                          |                         |                                   |                        |                                   |                       |  |  |  |  |  |  |  |  |
|                                       |                          |                         |                                   |                        |                                   |                       |  |  |  |  |  |  |  |  |
| Infor                                 | mant's Signature or Thum | no Impression           | Dute                              | for Registrar          | of Births and Deaths              | Dute                  |  |  |  |  |  |  |  |  |

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Registration of Births and Deaths Rules

[CAP. 267, R 1

FIRST SCHEDULE — continued

#### FORM B

Rule 7

### REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

# CERTIFICATE OF NAME GIVEN IN BAPTISM WITHIN 12 MONTHS AFTER DATE OF BIRTH

| I,                               |  |                           |                                |
|----------------------------------|--|---------------------------|--------------------------------|
| of                               |  |                           |                                |
| do hereby c                      | ertify that (according to  | the Register of B         | aptism for                     |
|                                  |  | _ now in my custo         | dy)* the male/female† child    |
| stated to ha                     | ve been born on the  | day of                    | 20,                            |
| to                               |  | and                       | was on                         |
| the 0                            | day of   | 20 b                      | aptised by                     |
|                                  | in the name _  |                           | w                              |
| Witness                          | ed by my hand this   | day of                    | 20                             |
|                                  |  | Signature                 |                                |
|                                  |  | Description _             |                                |
|                                  | where the certificate is given ichever does not apply.                   | a by the person who ba    | ptised the child.              |
|                                  | (FOR REGISTRAR   | 'S USE ONLY)              |                                |
| Information<br>submitted         | Registrar-General.   | Registrar,                | No                             |
| within<br>12 months<br>of birth. | Information submitted<br>after 12 months and<br>within 7 years of birth. | Approved for registration | Fee paid \$<br>Vide receipt No |
|                                  | Referred.  |                           | Entry made                     |
|                                  | Registrar  | Registrar-General         | Registrar                      |

Registration of Births and Deaths Rules

### FIRST SCHEDULE — continued

### FORM C

Rule 7

## REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

# REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

CERTIFICATE OF NAME GIVEN NOT IN BAPTISM WITHIN 12 MONTHS AFTER DATE OF BIRTH

| I,   | of   |                   |  |
|--|--|-------------------|--|
| being the  | of the male * chil   | d born ta         |  |
| and  |  | on the day        | of 20,   |
| whose birth was registered o                         | on the day of  | 20, vide F        | tegister No do hereby                              |
| certify that the name of the                         | said child is  |                   |  |
| . –  | day of 2   |                   |  |
| *Strike out whichever does not app                   | 1y.  |                   |  |
|  | (FOR REGISTRAR'S USE   | ONLY)             |  |
| 'Information submitted<br>within 12 months of birth. | Registrar-General.<br>Information submitted after 12 months<br>and within 7 years of birth.<br>Referred. | Approved for      | No<br>Fee paid \$<br>Vide receipt No<br>Entry made |
|  | Registrar  | Registrar-General | Registrar  |

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Registration of Births and Deaths

Rules

[CAP. 267, R 1

FIRST SCHEDULE — continued

### FORM D

Rule 7

## REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### CERTIFICATE OF ALTERATION OF NAME OF CHILD WITHIN 12 MONTHS AFTER DATE OF BIRTH

| I,                   |                   |                   |                        | ,           |
|----------------------|-------------------|-------------------|------------------------|-------------|
|                      |                   |                   |                        |             |
| being the            |                   |                   | of the $\frac{m}{fen}$ | ale_* child |
| born to              |                   |                   |                        |             |
| and                  | on the            | day of            |                        | 20,         |
| whose birth was regi | stered on the     | day of            |                        | 20,         |
| vide Register No     | unde              | er the name of    | f                      |             |
| do hereby certify th | at the name of th | ie said child h   | as been altered to     |             |
|                      |                   |                   |                        |             |
| Dated this           | day of            |                   | 20                     |             |
|                      | S                 | ignature          |                        |             |
|                      | *Delete           | where inapplicabl | e.                     |             |
|                      | (FOR REGIS        | TRAR'S USE        | ONLY)                  |             |
| Fee Paid \$          |                   | No                |                        |             |
|                      |                   |                   | Alteration made        | •           |
| vide Receipt No      |                   | _                 |                        |             |
|                      |                   |                   |                        |             |

Registrar

Registration of Births and Deaths Rules

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### FIRST SCHEDULE — continued

#### FORM E

Rule 8(2)(*a*)

### REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

APPLICATION BY THE PARENT OR GUARDIAN OF AN ILLEGITIMATE CHILD FOR HIS SURNAME TO BE CHANGED TO THAT OF HIS FATHER UNDER SECTION 10 (3) AND (4)

| I,                                    | (NRIC No)                                      |
|---------------------------------------|--|
| of                                    |  |
| being the of the                      | child born to                                  |
| (Parent/Guardian)                     |  |
|                                       | on the day                                     |
| of 20                                 | , do hereby apply for the surname of the child |
| in the register of births to be chang | e to   |
| Date of registration of birth         |  |
| Registered surname                    |  |
| -                                     |  |
| Birth Certificate Registration No.    |  |
|                                       |  |
| Date:                                 | Signature                                      |
|                                       | Signuture                                      |
| (FOR REGIS                            | STRAR'S USE ONLY)                              |
| Fee Paid \$                           | Application No                                 |
|                                       | Entry made                                     |
| vide Receipt No.                      |  |
|                                       |  |
|                                       |  |
|                                       | Registrar                                      |

Informal Consolidation - version in force from 1/10/2014

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Registration of Births and Deaths Rules

[CAP. 267, R 1

FIRST SCHEDULE — continued

#### FORM F

Rule 8(2)(*b*)

## REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### APPLICATION BY AN ILLEGITIMATE CHILD WHO HAS ATTAINED 21 YEARS OF AGE FOR HIS SURNAME TO BE CHANGED TO THAT OF HIS FATHER UNDER SECTION 10 (3) AND (4)

| I,                                  | (NRIC No)                             |
|-------------------------------------|---------------------------------------|
| of                                  |                                       |
|                                     | -                                     |
|                                     | on the day                            |
| of 20,                              | do hereby apply for my surname in the |
| register of births to be changed to |                                       |
| Date of registration of birth       |                                       |
| Registered surname                  |                                       |
| Birth Certificate Registration No.  |                                       |
|                                     |                                       |
| Date:                               |                                       |
|                                     | Signature                             |
| (FOR REGIST                         | RAR'S USE ONLY)                       |
| Fee Paid \$                         | Application No.                       |
|                                     | Entry made                            |
| vide Receipt No                     |                                       |
|                                     |                                       |
|                                     |                                       |

Registrar

#### FIRST SCHEDULE — continued

#### FORM G

Rules 11, 14 and 15

## REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

N

FORM G

REPUBLIC OF SINGAPORE THE REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

CERTIFICATE OF THE CAUSE OF DEATH

Registrar of Births and Deaths to insert death registration no. in the box below

(This Certificate is a legal document. The RBD Act requires it to be filled in accurately. Failure to comply will render the Certifying Officer liable to prosecution.)

| Full name of deceased              | ntilication Document No. Marital Status | Sex            |                        |
|------------------------------------|---|----------------|------------------------|
| NRIC/Identification Document No.   |   | Marital Status | Occupation             |
| Race/Dialect Group                 | Nationality                             | Date of Birth  | Country/Place of Birth |
| Home Address                       |   |                | Date and Hour of Death |
| Place or Address where death occur | ed                                      |                |                        |

| Please with the disease conditions LEGIBLY in BLOCK LETTERS and PULL in the boxes provided below.  I Disease or condition directly leading to death. (This does not mean the mode of dying, eg. heart failure, asthenia etc. It means the disease, ipury or complication which caused death).  CAUSE OF DEATH  due to (or as a consequence of)  due to (or as a consequence   |                | • Fir  | 1  |                      |  |                                       | 1                               |                  |                             |                      |                       |                      |               |                        |                |            |               |              |                |              |        |            |               |       |       |       | FIC  | ER    |      |      |    |          |     |           |          | interv | al b  |     |
|--|----------------|--|--|----------------------|--|---------------------------------------|---------------------------------|------------------|-----------------------------|----------------------|-----------------------|----------------------|---------------|------------------------|----------------|------------|---------------|--------------|----------------|--------------|--------|------------|---------------|-------|-------|-------|------|-------|------|------|----|----------|-----|-----------|----------|--------|-------|-----|
| Disease or condition directly leading to death. (This does not mean the mode of dying, eg. heart failure, asthenia etc.<br>It means the disease, hipry or complication which caused death.).<br>CAUSE OF DEATH<br>due to (or as a consequence of)<br>due to (or as a consequence | Ple            | ase v  | rite   | the d                | isea                                   | se c                                  | ond                             | ition            | IS LI                       | EGI                  | JLY                   | in B                 | LO            | SK L                   |                |            | 5 an          | d FL         |                | n the        | : box  | Kes        | prov          | ded   | Del   | ow.   |      |       |      |      |    |          |     |           | Y        | s Mt   | hs    | Dys |
| a) b) c)   |                |  |  |                      |  |                                       |                                 |                  |                             |                      |                       |                      |               |                        | not            | mea        | n the         | e mo         | ode (          | of dy        | ing,   | eg.        | hear          | t fai | lure, | ast   | heni | a el  | IC.  |      |    |          |     |           |          |        |       |     |
| due to (or as a consequence of)         Anterademic exures, methid conditions, if any, giving rice to the above asses of death. Effats the underlying condition loat.         b)   |                | 0.05   |  |                      | -                                      |                                       | -                               |                  |                             |                      |                       |                      | C             | AUS                    | SE C           | FD         | EAT           | н            |                |              |        |            |               |       |       |       |      | -     |      | _    |    |          |     | 22        |          |        |       |     |
| due to (or as a consequence of)         Anteradent exures, mohid andition, if any, giving rice to the above exure of death. Elate the underlying condition leat.         add by the december of the above exure of death. Elate the underlying condition leat.         add by the december of the above exure of death. Elate the underlying condition leat.         add by the december of the above exure of death. Elate the underlying condition leat.         add by the december of the above exure of death. Elate the underlying condition contributing to the death, but not related to the decease or condition causing a.         add by the december of  |                |  |  |                      |  |                                       |                                 |                  |                             |                      |                       |                      |               |                        |                |            |               |              |                |              |        |            |               |       |       |       |      |       |      |      | _  |          | L   |           |          |        |       |     |
| Antecedent causes, mehid condition, if any, giving rise to the above cause of death. State the underlying condition lest.  | a)             |  | Т  | T                    | T                                      | Т                                     | T                               | Г                | T                           | T                    | T                     | T                    | Т             | T                      | T              | Г          | <b>_</b>      |              |                |              |        |            | T             | Ť     | T     | T     | T    | Т     |      |      | -  | Ľ        | Г   | ٦         |          |        |       |     |
| b) due to (or as a consequence of) due to (or as a consequence of conserver) due to (or as a consequence of or as a consequence of a pacemaker or similar device in the body of the deceased of the due to that to the breace of death are correct and: due to (or as a consequence of a pacemaker or similar device in the body of the deceased of the due to that be the due to that the presence of a pacemaker or similar device in the body of the deceased of the due to the due   | ŝ              | -  | -  |                      | -                                      | -                                     | -                               | -                | -                           | -                    | -                     | due                  | 10 (          | or a                   | sac            | ions       | eque          | ince         | of)            |              |        |            | -             | -     |       |       | -    |       |      |      | -  | -        | -   | -         |          | -      | 1     |     |
| due to (or as a consequence of)     due to (or an addition to deceased on)     due to (or an addition to be best of the deceased on on     inspected the body of the deceased of on     inspected the body of  | Ani            | leced  | ant d  | ause                 | ia, n                                  | norb                                  | id ea                           | andi             | tions                       | a, it i              | arry,                 | givi                 | ing i         | rise t                 | to the         | o ab       | ovo           | aau          | 00 0           | dea          | th, S  | State      | the           | und   | leriy | ing   | coni | litio | n la | ot.  | _  | _        | _   | _         |          |        |       |     |
| due to (or as a consequence of)     due to (or an addition to deceased on)     due to (or an addition to be best of the deceased on on     inspected the body of the deceased of on     inspected the body of  |                |  |  |                      |  |                                       |                                 |                  |                             |                      |                       |                      |               |                        |                |            |               |              |                |              |        |            | 1             |       |       |       |      |       |      |      |    |          |     |           |          |        |       |     |
|  | 6)             | T  | Т  | T                    | Т                                      | T                                     | T                               | Г                | T                           | T                    | Т                     | Т                    | Т             | T                      | Т              | 1          |               |              | <b>—</b>       |              | 1      |            | T             | Т     | Т     | Т     | Т    | Т     | 1    | T    | -  | <b>_</b> | T   | ٦         |          |        |       |     |
|  | i.             |  |  | -                    |  |                                       | -                               | 1                | -                           | 1                    | +                     | due                  | 10 (          | (or a                  | sac            | ons        | eque          | ence         | 00             | -            |        |            | -             |       | -     |       |      |       |      |      | 1  |          | -   |           |          | -      | +     | -   |
|  | .1             |  | Т  | T                    |  | Ι                                     |                                 |                  | Τ                           | Τ                    | Τ                     | Т                    | T             | T                      | Τ              | Γ          | Ĺ             |              | Ĺ              |              |        |            | T             | Τ     | Τ     |       |      |       |      |      |    |          |     |           |          |        |       |     |
| Other significant conditions contributing to the death, but not related to the disease or condition causing a.       Image: Conduction contributing to the death, but not related to the disease or condition causing a.         Image: Conduction contributing to the death, but not related to the disease or condition causing a.       Image: Conduction contributing to the death, but not related to the disease or condition causing a.         Image: Conduction contributing to the death, but not related to the disease or condition causing a.       Image: Conduction contributing to the disease of disath are correct and:         (ii) that the dist is due to MATURIAL causes (Mate: if the cause of disath is UNNATURAL, the dash has to be referred to Corrent for certification):         (ii) "THERE IS NO EVIDENCE suggesting the presence of a pacemaker or similar device in the body of the diseased of the disease of disath is the cause of disath or the presence of a pacemaker or similar  | c)             | -  | Ť  | T                    | -                                      | -                                     | T                               | -                | T                           | T                    | ÷                     | T                    | -             | T                      | T.             | -          | -             | -            | -              | -            | T      | -          | -             | -     | -     | -     | -    | ÷     | -    | -    | -  | -        | Ē   | 7         |          |        |       |     |
| Other significant conditions contributing to the death, but not related to the disease or condition causing a.       Image: Conduction contributing to the death, but not related to the disease or condition causing a.         Image: Conduction contributing to the death, but not related to the disease or condition causing a.       Image: Conduction contributing to the death, but not related to the disease or condition causing a.         Image: Conduction contributing to the death, but not related to the disease or condition causing a.       Image: Conduction contributing to the disease of disath are correct and:         (ii) that the dist is due to MATURIAL causes (Mate: if the cause of disath is UNNATURAL, the dash has to be referred to Corrent for certification):         (ii) "THERE IS NO EVIDENCE suggesting the presence of a pacemaker or similar device in the body of the diseased of the disease of disath is the cause of disath or the presence of a pacemaker or similar  |                |  |  | 1                    | 1                                      |                                       | 1                               | _                | 1                           | 1                    | 1                     | 1                    | 1             | 1                      | 1              | -          | <u> </u>      |              |                | _            | _      |            |               | _     |       | 1     | _    | _     | _    | 1    | _  | _        | 1   | 1         | -        | -      | +     | _   |
| Conclusion of the deceased during last liness     (Address and Name of Organisation)     (Integration asymptotic during last liness     (Integration asymptotic during last lines     (Integratid during last l  | ~              |  |  |                      |  |                                       |                                 |                  |                             |                      | . the                 | de                   | atta          |                        |                |            |               | the          |                |              |        |            | Kan           |       |       |       |      |       |      |      |    |          |     |           |          |        | 1     |     |
| Pathologist/Medical Practiciner/Authorised officer, of     Consumer in BLOCK LETTER's as in MRICY     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Address and Name of Organisation)     (Designation)     (Designat Auronicus (Loomiscione of Pusic Health, Unity of Hendelous   |                | ser sa   | THE  | ante                 | T                                      | T                                     | S CO                            | T                | T                           | gu                   | > une                 | : del                | 801,          | DUI                    | not r          | evau       |               | o une        | - dis          | sase         | oro    | DING       | BON           | cau   | sing  | a.    |      | -     | - 1  | _    | _  | -        | -   | -         |          |        |       |     |
| Pathologist/Medical Practiciner/Authorised officer, of     Consumer in BLOCK LETTER's as in MRICY     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Designation)     (Address and Name of Organisation)     (Address and Name of Organisation)     (Designation)     (Designat Auronicus (Loomiscione of Pusic Health, Unity of Hendelous   |                | _  | _  |                      | -                                      | 1                                     | -                               | 1                | 1                           |                      | 1                     | 1                    | 1             | _                      | 1              |            |               |              | _              | - 1          | _      |            | - 1           | _     |       | 1     | _    | _     |      | -    | _  | _        |     | 1         |          |        |       |     |
| Plathologist Modical Practitioner/Authorised officer, of   | ~              |  | Т  | T                    | Т                                      | T                                     | T                               | Γ                | T                           |                      | T                     | Τ                    | T             | T                      | T              |            |               |              |                | Τ            |        |            | Т             |       | Т     | Τ     |      | Т     |      |      |    |          | Г   | 1         |          |        |       |     |
| Pathologist Medical Practitioner/Authorised officer, of  |                |  | -  | T                    | -                                      | T                                     | T                               | -                | ÷                           | -                    | ÷                     | -                    | -             | ÷                      | -              | -          | -             | -            | -              |              | -      | -          | -             | -     | -     | -     | T    | -     |      | 1    | -  | -        | T   | 1         |          |        |       |     |
| Pathologist Medical Practitioner/Authorised officer, of  |                |  | 1  |                      |  | _                                     | _                               | _                | _                           | -                    | _                     | -                    | _             | _                      | _              | -          | L_            |              | _              | _            | _      | _          | _             | _     |       |       | _    | _     | _    | _    | _  | _        | L   | 1         |          |        | 1     |     |
| (Name in BLOCK LETTERS as in NRIC)       (Designation)       (Address and Name of Organisation)         Presser (<) titch in the relevant bux  | ~              | T  | T  | Т                    | Т                                      | T                                     | T                               | Г                | T                           | T                    | Т                     | Т                    | Т             | T                      | Т              |            |               |              |                |              |        |            |               | Т     |       | Т     | 1    | Т     |      |      |    |          | Г   | 7         |          |        |       |     |
| Attended to the deceased during last liness       on         Conducted a post-mortem examination of the body of the deceased       on         Impected the body of the deceased       on         Impected the body of the deceased       on         and that to the best of my knowledge and belief:       on         (i) the particulars of the deceased and the cause of death are correct and:       (ii)         (iii) that to the best of my knowledge and belief:       (iii)         (iii) that to the best of my knowledge and belief:       (iii)         (iii) that to the best of my knowledge and the cause of death are correct and:       (iii)         (iii) that the death is due to NATURAL causes (Note : if the cause of death is UNNATURAL, the death has to be referred to Coroner for certification):         (iii) "THERE IS NO EVIDENCE suggesting the presence of a pacemaker or similar device in the body of the deceased/THE PACEMAKER in the body of the deceased has been removed.         Date :  | _              | reby o   | ertif  | / tha                | DCK                                    | LE                                    | TTE                             | AS               | as ir                       | NR                   |                       |                      |               | Patr                   | polog          | pist/f     |               |              |                |              |        |            |               | d of  | licer | of .  |      |       |      |      |    |          |     |           |          |        |       |     |
| Conducted a post-more examination of the body of the deceased       on         Inspected the body of the deceased       on         and that to the best of my knowledge and belief:       (i)         (ii)       the particulars of the deceased and the cause of death are correct and:         (iii)       that to the best of my knowledge and belief:         (iii)       that to death is due to NATURAL causes (Note : if the cause of death is UNNATURAL, the death has to be referred to Coroner for certification):         (iii)       "THERE IS NO EVIDENCE suggesting the presence of a pacemaker or similar device in the body of the deceased/THE PACEMAKER in the body of the deceased has been removed.         Date :   |                |  | -  | <u> </u>             | _                                      | -                                     |                                 | -                |                             | -                    |                       | _                    |               | _                      |                | _          | -             | t            |                |              | _      | Lien       |               | -     | -     |       |      |       |      |      |    |          |     |           |          |        |       |     |
| Inspected the body of the deceased on on and that to the best of my knowledge and belief: (i) the particulars of the deceased and the cause of death are correct and: (ii) that the death is due to NATURAL causes (Mote : if the cause of death is UNNATURAL, the death has to be referred to Coroner for certification): (iii) ThERE IS NO EVIDENCE suggesting the presence of a pacemaker or similar device in the body of the deceased/THE PACEMAKER in the body of the deceased has been removed. Date  | -              |  |  |                      |  | -                                     | -                               |                  | -                           | -                    |                       | -                    | odv           | of th                  | he de          | icea       | sed           | +            | -              | -            | _      | -          | -             | -     | -     |       |      |       |      |      |    |          |     |           |          |        |       |     |
| and that to the best of my knowledge and belief: (i) the particulars of the deceased and the cause of death are correct and: (ii) that the death is due to NATURAL causes (Note : if the cause of death is UNNATURAL, the death has to be referred to Coroner for certification): (iii) "THERE IS NO EVIDENCE suggesting the presence of a pacemaker or similar device in the body of the deceased/THE PACEMAKER in the body of the deceased has been removed. Date  | 1              | and  |  | -a ph                | -                                      | -                                     | -                               |                  |                             | -                    |                       |                      |               | 54.11                  |                |            |               | +            | -              | -            | _      | -          | -             | -     | -     |       |      |       |      |      |    |          |     |           |          |        |       |     |
| (i) the particulars of the deceased and the cause of death are correct and: (ii) that the death is due to NATURAL causes (Note : if the cause of death is UNNATURAL, the death has to be referred to Coroner for certification): (iii) "THERE IS NO EVIDENCE suggesting the presence of a pacemaker or similar device in the body of the deceased/THE PACEMAKER in the body of the deceased has been removed. Date   | 1              |  | -  | he b                 |  |                                       |                                 |                  |                             |                      |                       |                      |               |                        |                |            | _             | -            | -              | 1.00         | ·      | _          | -             | -     | -     |       |      |       |      |      |    |          |     |           |          |        |       |     |
| Note 1 If the cause of death of the person has risen from an infections disease, the Certifying Officer is required under the Infectious Disease Act, (Cap 137), to notify the<br>the appropriate Automaties (i.e. Commissioner of Public Health, Ministry of the Environment, or the Unector of Medical Services, Ministry of health).  | 10             | nspec  | ted  |                      |  |                                       |                                 | 1                |                             | 200                  | 0.00                  | 1111                 | _             | _                      | -              |            |               |              |                |              |        |            |               |       |       |       |      |       |      |      |    |          |     |           |          |        |       |     |
| the appropriate Authorities (i.e. Commissioner of Public Health, Mnistry of the Environment, or the Director of Medical Services, Mnistry of Health).  | /<br>It        | nspec<br>d that<br>(i) tr<br>(ii) th<br>(iii) *1             | ted i<br>to the<br>part the<br>THE   | e de<br>RE K         | st of<br>tars<br>ath i<br>S NC         | f my<br>of tr<br>is du<br>D EV        | kno<br>ne de<br>ne to           | NA               | asec<br>TUF<br>E su         | ine t                | d thi                 | e ca<br>ses          | (Not          | te : i                 | fthe           | cau        | se o          | f de         | ath i          | s UN         |        |            |               |       |       |       |      |       |      |      |    |          |     |           |          |        | of th | 9   |
| Note 2 This Cartificate is intended solely for the use of the Registrar or Deputy Registrar to whom it should be delivered by the Person civing information to him of the pa   | /<br>In        | nspec<br>d that<br>(i) tr<br>(ii) th<br>(ii) *1<br>d         | ted to the parateter to | e de<br>RE K<br>sed  | st of<br>lars<br>ath i<br>S NC<br>has  | f my<br>of tr<br>is du<br>DEV<br>been | kno<br>ne de<br>ne to<br>n rer  | NA<br>NCI<br>TOW | asec<br>TUF<br>E su<br>red. | ane t<br>AAL<br>egge | d thi                 | e ca<br>ses          | (No           | te : i                 | fthe           | cau        | se o          | f de         | ath i          | s UN         |        | devi       | ce in         | the   | bod   | iy ol | the  | dec   | æa   | sed/ | тн | EP       | AC  | emakei    | R in the | body   |       |     |
| required by law to be registered concerning the death. Failure to deliver this Certificate will render the Person liable to penalties.   | /<br>In<br>and | nspec<br>d that<br>(i) tr<br>(ii) th<br>(ii) *1<br>d<br>te : | ted to the part of | e de<br>RE IS<br>sed | et of<br>lars<br>ath i<br>S NC<br>has' | of tr<br>is du<br>DEV<br>been         | kno<br>ne de<br>no to<br>no res | NA<br>NCI<br>nov | asec<br>TUF<br>E su<br>red. | AAL<br>QQ9           | d the<br>cau<br>sting | e ca<br>ses<br>g the | (Not<br>e pre | te : i<br>esen<br>om a | f the<br>ice o | cau<br>fap | se o<br>lacel | if de<br>mak | ath i<br>ier o | s UN<br>rsim | ilar ( | devi<br>Si | ce in<br>gnal | ure   | boo   | iy of | unde | dec   | ear  | sed/ | TH | E P.     | eas | e Act, (C | R in the | body   |       |     |

For Perinatal Death, please see overleaf.

D8-6/96

PTO

## Registration of Births and Deaths

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## Rules

## FIRST SCHEDULE — continued

#### PERINATAL DEATH

| To be completed additionally by the Certifyl | ng Officer for live-born infant dying within 165 hou | ra (1 week) from birth.  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| MOT  |  | CHILD  |  |  |  |  |  |  |  |  |  |
| Date of Birth                                | Ante matel cara - Vec                                | Type of birth ** Single Phural   |  |  |  |  |  |  |  |  |  |
| Period of gestation                          | (2 or more visits) No                                | Bith weight  |  |  |  |  |  |  |  |  |  |
| Number of previous pregnancies               | Delivery   | Child delivered by *   |  |  |  |  |  |  |  |  |  |
| Live-births                                  | Normal Spontaneous vertex                            | Government Medical Officer/Midwile/Private Medical Practitioner/Private Midwile/ |  |  |  |  |  |  |  |  |  |
| Still-births                                 | Others (apacity)                                     | Others (to specify)  |  |  |  |  |  |  |  |  |  |
| Abortions                                    |  | Main maternal disease or condition affecting intent.                             |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

• Tick

DEATH REGISTRATION PROCEDURES

ed with te se

n be registered at the folio ming (

- nt and Go
- eths I the de loctors in alle

ts to be produced for de th rec

- ŝ
- at a pi
- re NRIC of deceased if ha/she is a re birth certificate (original as w d if he/she is below 15 years old C/Pasaport (original as well as a p nice nt of Id
- th (BD Si.e. this h

n Centres at the Police Divisional HQ6 & NPPS are open I hospitals and the Registry of Births and Deaths operate al (

Registration of Births and Deaths Rules

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## FIRST SCHEDULE — continued

#### FORM H

Rules 12, 14, 16 and 17

DEATH REGISTRATION NO

# REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

REPUBLIC OF SINGAPORE CERTIFICATE OF REGISTRATION OF DEATH

|                             | Death registered at   |                        |                                     |                        |                            |                     |      |  |  |  |  |
|-----------------------------|---|------------------------|-------------------------------------|------------------------|----------------------------|---------------------|------|--|--|--|--|
|                             | Full name of deceased   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| _                           | NRIC/Identification Document No. Sex  |                        |                                     | Date of                | pirth                      |                     |      |  |  |  |  |
| DECEASED                    | Race/Dialect Nationalit   | y                      |                                     | Country/Place of birth |                            |                     |      |  |  |  |  |
| DBCE                        | Group<br>Home Address   |                        | Date and hour of death              |                        |                            |                     |      |  |  |  |  |
| 92                          | Place or Address where death occurred   |                        |                                     |                        |                            |                     |      |  |  |  |  |
|                             |   |                        |                                     | Ap                     | proximate int<br>onset and | erval bety<br>death | ween |  |  |  |  |
|                             | I (a)   |                        |                                     | Years                  | Months                     | Days                | Hou  |  |  |  |  |
|                             | Disease or condition leading to death   |                        |                                     |                        |                            |                     |      |  |  |  |  |
|                             | (b)   |                        |                                     |                        |                            |                     |      |  |  |  |  |
|                             | Antecedent Causes   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| HER                         |   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| CERT                        | (c)   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| CAUSE OF DEATH BY CERTIFIER | (6)   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| DEAT                        |   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| EOF                         | <i>a</i>  |                        |                                     |                        |                            |                     |      |  |  |  |  |
| CAUS                        | II<br>Other significant   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| ~                           | conditions  |                        |                                     |                        |                            |                     |      |  |  |  |  |
|                             |   |                        |                                     |                        |                            |                     |      |  |  |  |  |
|                             |   |                        |                                     |                        |                            |                     |      |  |  |  |  |
|                             | Name and official status of person certifying cause of death  |                        | Certifica                           | te of Cause of         | of Death                   |                     |      |  |  |  |  |
|                             |   |                        |                                     | Reference<br>Date:     |                            |                     |      |  |  |  |  |
| 2                           | Name  | tify that the above in | aformation                          | given by me            | is correct                 |                     |      |  |  |  |  |
| INFORMANT                   | Address   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| NFOR                        | NRIC/Identification Document No.  |                        |                                     |                        |                            |                     |      |  |  |  |  |
| -                           | Relationship  | Info                   | rmant's Signature/<br>mb impression |                        | Date                       |                     |      |  |  |  |  |
| N N                         | Name of Registration Officer  |                        |                                     |                        |                            |                     |      |  |  |  |  |
| DEPICER D                   | Designation   | -0.73                  |                                     |                        |                            |                     |      |  |  |  |  |
| 9                           | Date  | for 1                  | Registrar of Births ar              | d Deaths               |                            |                     |      |  |  |  |  |
| z                           | PERMIT TO BURY/CREMATE BODY [The Envi   | commental Dublic       | Unalth Ant (C                       | hantar 0               | 5)7                        |                     | -    |  |  |  |  |
| DISPOSITION                 | Place of Burial   | Religious              |                                     | napter 2               | <i>//1</i>                 | 100                 |      |  |  |  |  |
| DISP                        | or<br>Place of Cremation  |                        |                                     |                        |                            |                     |      |  |  |  |  |
| 2                           | L   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| NOLL                        | NRIC/Identification Document No apply for a permit bury + cremate +   | 10                     |                                     |                        |                            |                     |      |  |  |  |  |
| LICK.                       | the deceased referred to in the Death Certificate No.   |                        |                                     |                        |                            |                     |      |  |  |  |  |
| APPLICATION                 | For application to cremate only<br>I certify that to the best of my knowledge, the deceased has left no written direction that  | Informant              | /e Slanstowa/                       |                        | Date                       |                     |      |  |  |  |  |
| ž.                          | he/she should not be cremated +   | Thumb in               | 's Signature/<br>apression          |                        | Date                       |                     |      |  |  |  |  |
| OFFICER                     | The Certificate of Cause of Death certified that there is<br>No ervidence of pacemakes in the body of the deceased +<br>Evidence of pacemaker/device removed from the body of the deceased +<br>Permit is approved. |                        |                                     |                        |                            |                     |      |  |  |  |  |
| 50                          |   |                        | issioner of Public H                |                        |                            |                     |      |  |  |  |  |
| ž.                          | Date  |                        |                                     |                        |                            |                     |      |  |  |  |  |

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Registration of Births and Deaths

Rules

FIRST SCHEDULE — continued

## FORM I

Rule 20

# REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

| c           |  | PUBLIC OF SINGAPORE<br>ION OF BIRTHS AND DEATHS AN<br>(CHAPTER 267)<br>REGISTRATION OF |                    | STILL-BIRTH      | REGISTRATION NO. |  |  |  |  |  |  |  |
|-------------|--|--|--------------------|------------------|------------------|--|--|--|--|--|--|--|
| 2           | Still-birth registered at                  |  |                    |                  |                  |  |  |  |  |  |  |  |
| CHID'S      | Sex  | Date of birth  |                    | Hour of          | birth            |  |  |  |  |  |  |  |
| Ĩ.          | Place or address<br>of birth               |  | Cau                | se of death      |                  |  |  |  |  |  |  |  |
|             | Maiden name                                |  |                    |                  |                  |  |  |  |  |  |  |  |
| KOTHER'S    | NRIC/Identification<br>Document No.        | Race/Dialect Group   | Nationality        | Country          | /Place of birth  |  |  |  |  |  |  |  |
| TAN         | Date of birth                              | Address  |                    |                  |                  |  |  |  |  |  |  |  |
|             | Name                                       |  |                    |                  |                  |  |  |  |  |  |  |  |
| FATHER'S    | NRIC/Identification<br>Document No.        | Race/Dialect Group   | Nationality        | Countr           | y/Place of birth |  |  |  |  |  |  |  |
|             | State relationship (e.g. F                 | ather, Hother, etc.)   | Name and Address   | Name and Address |                  |  |  |  |  |  |  |  |
| PARTICULARS | NRIC/Identification Docu                   | ment No.   |                    |                  |                  |  |  |  |  |  |  |  |
| certily     | that the information given                 | by me is correct.  |                    |                  |                  |  |  |  |  |  |  |  |
|             | formant's signature or<br>Thumb Impression | Dote   | Registrar of Birth | s and Deaths     | Dote             |  |  |  |  |  |  |  |

Registration of Births and Deaths Rules

### FIRST SCHEDULE — continued

#### FORM J

Rule 21

# REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

Nº

| NOTIFICATION OF A STILL-BIRTH   |  |   |  |   |  |  |
|---|--|---|--|---|--|--|
| Original ·  | nal · To be sent to the Registrer of Birthe and Deaths within 24 hours of birth.         |   |  |   |  |  |
| Duplicate   | To be sent to the Director, Moternal and Child Health Services within 24 hours of birth. |   |  |   |  |  |
| Triplicate  | To be given to t   | he child's father or relative a   | nd his attention is draw                 | in to the notes below.                                      |  |  |
| I hardby give   | notice of a still-born *s  | naio/lemple child at  |  |   |  |  |
| Place or Add  | ress of binth  |   |  |   |  |  |
| Chuid detwared by * Government medical efficer/midwirle/private medical precedener/private midwirle/ather (specify) |  |   |  |   |  |  |
| Data of birth   |  | Hour celled   | How called hours How of birth hours      |   |  |  |
| MOTHER  |  |   | СНІСО                                    |   |  |  |
| Period of<br>gestation  |  | Birth order<br>of child   | Π  | Birth weight gree.  |  |  |
| *An <del>se natal</del> care<br>12 er mote vista  | · · · ·  | <sup>1</sup> Type of birth  | [] [] [] [] [] [] [] [] [] [] [] [] [] [ | 1Died: Belgre labour  |  |  |
| Delivery:<br>Normal Spontaneous   |  | CAUSE OF DEATH  |  |   |  |  |
| Other (specify).<br>No. of previous<br>Live-births<br>Still-births<br>Abortions                                     |  | b) main disease or<br>condition in fostua<br>Di deter diseases or<br>conditions in fostua<br>ici main matemat disease or<br>condition affecting Section |  |   |  |  |
| Name  |  |   |  | Date of birth   |  |  |
| NINC No.  |  | Nationality   |  | Occupation  |  |  |
| Address   |  |   |  |   |  |  |
| E Nome  |  |   |  | Data of both  |  |  |
| NRIC No.  |  | Neocratiny  |  | Occupation  |  |  |
|   |  | * Delate where inapplicabl  | •  | above particulors given by me are correct.                  |  |  |
| Notes to Paranta:   | Date<br>You are required to regio  | Tet ( V ) in appropriate<br>nor the still-birth at the Regis  | tor<br>try of Births and Deaths          | Signature<br>or at a designated police station immediately. |  |  |

Phone produce this notification as well as the Identity Cards or Passports of both parants at the time of registration. You are also rom under the law, a particle is required to bury or evenage the body. p. 22 2000 Ed.]

Registration of Births and Deaths

Rules

FIRST SCHEDULE — continued

#### FORM K

Rule 22

## REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

#### CERTIFICATE OF STILL BIRTH BY A PERSON OTHER THAN A MEDICAL PRACTITIONER OR A MIDWIFE

Report of a still-birth to of \_\_\_\_\_

(Address)

I hereby certify that the child as described above was not born alive and' that ---

- \*1. No medical practitioner or registered midwife was present at the birth.
- \*2. No medical practitioner has examined the body.
- \*3. A certificate by a medical practitioner or registered midwife to the above effect cannot be obtained.

Full name of Informant

NRIC/Identification Document No. of Informant

Address of Informant

Date

\*Delete where inapplicable.

Registration of Births and Deaths Rules

## ${\it FIRST \ SCHEDULE}-continued$

#### FORM L

Second Schedule

# REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

| LARS                       | Birth Registered at  | REGISTRATION OF B    | FORM L<br>DF SINGAPORE<br>IRTHS AND DEATHS A<br>PTER 267)<br><b>T FROM REGISTER OF E</b> |      | BIRTH REGISTRATION NO.           | Second Schedule |
|----------------------------|--|----------------------|--|------|----------------------------------|-----------------|
| CHED'S PARTICULARS         | Full Norma   | Data of Birth        |  | Time | of Brith Ho                      |                 |
| B                          | Place or Address of Birth  |                      |  |      |                                  |                 |
| SS                         | Name   |                      |  |      | NRIC/identification Document No. |                 |
| MOTHER'S<br>PARTICULARS    | Rece   | Dialect Group        | Nationality  |      | Country/Place of Birth           |                 |
| MAR                        | Data of Brith  | Address              |  |      |                                  |                 |
| FATHER'S<br>PARTICULARS    | Ninchdentification Document No.  |                      |  |      |                                  |                 |
| PARTIC                     | Rece   | Dialect Group        | Netionality  |      | Country/Place of Birth           |                 |
|                            | Name Network Control of Control o |                      |  |      |                                  |                 |
| INFORMANT'S<br>PARTICULARS | Relationship   | Actives              |  |      |                                  |                 |
|                            | FOR OFFICIAL USE   |                      |  |      |                                  |                 |
| Certifi                    | ed to be a true extract from th  | e Register of Births |  |      |                                  |                 |

Date

Registrar of Births and Deaths

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Registration of Births and Deaths

Rules

 ${\it FIRST \ SCHEDULE}-continued$ 

#### FORM M

Second Schedule

# REGISTRATION OF BIRTHS AND DEATHS ACT (CHAPTER 267)

|   | REPUBLIC OF SINGAPORE<br>REGISTRATION OF BIRTHS AND DEATHS ACT<br>(CHAPTER 267)<br>CERTIFICATE OF EXTRACT FROM REGISTER OF DEATHS |                       |                |   |                |      |  |
|---|---|-----------------------|----------------|---|----------------|------|--|
| Death Registered at                             |   |                       |                |   |                |      |  |
| Full harve of Decessed                          |   |                       |                |   |                |      |  |
| VRIC/Identification Document No.                | Sas   | Date and Time of Data | h              |   |                |      |  |
|   | Country/Place of Birth  | Hada                  |                | PL de a uddy                              |                |      |  |
| Home Address                                    |   |                       |                |   |                |      |  |
| 1   |   |                       |                |   |                |      |  |
| Place or Address where death occurred           |   |                       |                |   |                |      |  |
|   |   |                       |                | Approximate stand between onest and death |                |      |  |
|   | CAUSE OF DEATH  |                       |                |   |                | Hors |  |
| -   |   |                       |                |   |                |      |  |
| -   |   |                       |                |   |                |      |  |
| ic)   |   |                       |                |   |                |      |  |
|   |   |                       |                |   |                |      |  |
| Name of particin carbilying cause of death      | 3   |                       | Official Suite | I   |                |      |  |
| NRICIdentification Document<br>No. of Informant | Hama of Informant   |                       |                |   |                |      |  |
| Address of Informent                            | Children Star Konner  |                       |                | Date of Deat                              | h Registration |      |  |
| Certified to be a true extract from             | the Register of Deaths  |                       |                | 1   |                |      |  |
|   |   |                       |                |   |                |      |  |
| Date Registrar of Births and Deaths.            |   |                       |                |   |                |      |  |

[S 607/2011 wef 01/01/2012]

# SECOND SCHEDULE

Rule 27

#### FEES

1. For a certified extract from ----

SECOND SCHEDULE — continued

- (a) the register of births in Form L set out in the First Schedule \$40
- (b) the register of deaths in Form M set out in \$40. the First Schedule
- 2. For a certified extract under paragraph (1) where the extract is required for Government No charge. purposes
- 3. For a search in any register
  - (*a*) where the applicant produces evidence of the number of the entry No charge
  - (b) where the search involves a scrutiny of the register covering a specified period, for \$40. every month or part thereof covered by the period
- 4. For any search made on behalf of the No charge. Government
- 5. For recording the name of any child whose birth has been registered without a name \$60.
- 6. For the correction of errors under section 24(3) of the Act, for every word or \$60 subject to a maximum figure corrected of \$180.
- 7. For altering the name of a child \$33.
- 8. For a certificate of registration of birth \$18.

#### SECOND SCHEDULE — continued

- 9. For entering the surname of the father of an illegitimate child in a register of births under section 10(3) of the Act \$60.
- 10. For an application to register or re-register a \$18. child under rule 8B
- 11. For an application to re-register a child under \$2. rule 8C that is made more than 3 months after the date of legitimation of the child

[S 677/2014 wef 01/10/2014]

[S 626/2014 wef 01/10/2014]

[S 670/2012 wef 31/12/2012]

[G.N. Nos. S 503/89; S 147/92; S 72/93; S 400/94; S 166/95; S 139/96; S 318/96; S 135/97; S 172/97; S 158/98; S 141/99; S 601/99; S 170/2000; S 164/2003; S 607/2011; S 63/2012]

# LEGISLATIVE HISTORY REGISTRATION OF BIRTHS AND DEATHS RULES (CHAPTER 267, R 1)

This Legislative History is provided for the convenience of users of the Registration of Births and Deaths Rules. It is not part of these Rules.

| <b>1.</b> 1 | 1990 Revised Edition — | - Registration of                | Births and Deaths Rules 1990       |
|-------------|------------------------|----------------------------------|------------------------------------|
|             | Date of operation      | :                                | 2 January 1990                     |
| 2. (        | G. N. No. S 147/1992   |                                  |                                    |
|             | Date of commencement   | :                                | Date not available                 |
| <b>3.</b> 1 | 1996 Revised Edition — | - Registration of                | Births and Deaths Rules            |
|             | Date of operation      | :                                | 25 March 1992                      |
| 4. (        | G. N. No. S 72/1993    |                                  |                                    |
|             | Date of commencement   | :                                | Date not available                 |
| 5. (        | G. N. No. S 400/1994   |                                  |                                    |
|             | Date of commencement   | :                                | Date not available                 |
| 6. (        | G. N. No. S 166/1995   |                                  |                                    |
|             | Date of commencement   | :                                | Date not available                 |
| 7. (        | G. N. No. S 139/1996 — | Registration of E<br>Rules 1996  | Births and Deaths (Amendment)      |
|             | Date of commencement   | :                                | 1 April 1996                       |
| 8. (        | G. N. No. S 318/1996 — | Registration of No. 2) Rules 199 | Births and Deaths (Amendment<br>96 |
|             | Date of commencement   | :                                | 1 August 1996                      |
| 9. (        | G. N. No. S 135/1997 — | Registration of E<br>Rules 1997  | Births and Deaths (Amendment)      |
|             | Date of commencement   | :                                | 1 April 1997                       |
| 10.         | G. N. No. S 172/1997 — | Registration of E<br>Rules 1997  | Births and Deaths (Amendment)      |
|             | Date of commencement   | :                                | 7 April 1997                       |

| 11. G. N. No. S 158/1998 —   | - Registration of Births and Deaths (Amendment)<br>Rules 1998                      |  |  |  |
|--|--|--|--|--|
| Date of commencemen  | t : 1 April 1998   |  |  |  |
| 12. G. N. No. S 141/1999 –   | - Registration of Births and Deaths (Amendment)<br>Rules 1999                      |  |  |  |
| Date of commencemen  | t : 1 April 1999   |  |  |  |
| 13. G. N. No. S 601/1999 –   | <ul> <li>Registration of Births and Deaths (Amendment No. 2) Rules 1999</li> </ul> |  |  |  |
| Date of commencemen  | t : 1 January 2000   |  |  |  |
| 14. G. N. No. S 170/2000 –   | - Registration of Births and Deaths (Amendment)<br>Rules 2000                      |  |  |  |
| Date of commencemen  | t : 1 April 2000   |  |  |  |
| 15. G. N. No. S 503/1989   |  |  |  |  |
| Date of commencemen  | t : 31 August 2000   |  |  |  |
| 16. 2000 Revised Edition –   | – Registration of Births and Deaths Rules  |  |  |  |
| Date of operation  | : 31 August 2000   |  |  |  |
| 17. G. N. No. S 164/2003 — Registration of Births and Deaths (Amendment)<br>Rules 2003 |  |  |  |  |
| Date of commencemen  | t : 1 April 2003   |  |  |  |
| 18. G.N. No. S 607/2011 —  | Registration of Births and Deaths (Amendment)<br>Rules 2011                        |  |  |  |
| Date of commencemen  | t : 1 January 2012   |  |  |  |
|  | Registration of Births and Deaths (Amendment)<br>Rules 2012                        |  |  |  |
| Date of commencemen  | t : 14 February 2012   |  |  |  |
| 20. G.N. No. S 670/2012 —  | - Registration of Births and Deaths (Amendment No. 2) Rules 2012                   |  |  |  |
| Date of commencemen  | t : 31 December 2012   |  |  |  |
| 21. G.N. No. S 626/2014 —  | - Registration of Births and Deaths (Amendment)<br>Rules 2014                      |  |  |  |
| Date of commencemen  | t : 1 October 2014   |  |  |  |

# 22. G.N. No. S 677/2014 — Registration of Births and Deaths (Amendment No. 2) Rules 2014

Date of commencement

: 1 October 2014