Statutory Instrument No. 43 of 1992

BIRTHS AND DEATHS REGISTRATION ACT
(Cap 30:01)

BIRTHS AND DEATHS (CIVIL REGISTRATION PILOT PROJECT) REGULATIONS, 1992
(*Published on 1st May, 1992*)

IN EXERCISE of the powers conferred by section 28 of the Births and Deaths Registration Act, the Minister of Labour and Home Affairs hereby makes the following Regulations —

Citation and application

1. (1) These Regulations may be cited as the Births and Deaths (Civil Registration Pilot Project) Regulations, 1992.

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

Amendment of Cap. 30:01

2. 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 —

"Notification of births

6. (1) Any person wishing to give notice of a birth under section 6 of the Act, or any person whose duty it is to give notice of a birth or a still-birth under section 9 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.

Notification of death

7. (1) Any person, not being a medical practitioner, who attended during the last illness of the deceased, and wishing to give notice of the death in terms of section 7 of the Act, or any person whose duty it is to give notice of the death in terms of section 10 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.

Late registration of births and deaths

10. 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

[illegible]	[illegible]	[illegible]	Name of Child	Sex	Date of birth	Place of Birth	Name of Mother	Name of Father	Date of Registration	Nationality		Signature of Dep. Registrar	Change of Name or Names added after registration	Signature
										[illegible]	[illegible]			

SCHEDULE

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	Date of Registration	Signature

Form C.R. B-1

Serial Number .....

REPUBLIC OF BOTSWANA

OFFICIAL STAMP

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

Record Number

Registration No

District

Town/Village

Name of Declarant: Forename

Surname

Relation to the Child .....

Address: .....

PARTICULARS OF BIRTH

1.1 Name of Child

Forename

Other Names

Surname

1.2 Sex: Male ☐ Female ☐

1.3 Date of birth (Day Month Year)

1.4 a) Born alive ☐ b) 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

Other Names

Surname

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

Other Names

Surname

3.2 Age of Father

3.3 I. D. Number

3.4 Marital Status: a) Married ☐ 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.....

Chief/Supervisor ..... Designation ..... Signature ..... Date .....

Form C.R. B-2

Serial Number .....

OFFICIAL STAMP

REPUBLIC OF BOTSWANA

BIRTH AND DEATH REGISTRATION ACT
NOTICE OF LIVE BIRTH/STILL BIRTH IN HEALTH INSTITUTION

Record Number

Registration No.

District

Town/Village

Name of Declarant: Forename

Surname

Relation to the Child .....

Address: .....

PARTICULARS OF BIRTH

1.1 Name of Child

Forename

Surname

Other Names

1.2 Sex: Male ☐ Female ☐

1.3 Date of birth (Day Month Year)

1.4 a) Born alive ☐ b) Still birth ☐

1.5 Result of delivery: Single ☐ Multiple ☐

1.6 Place of birth: a) Health facility ☐ b) Home ☐

Name of Health facility: .....

c) Other (Specify): .....

1.7 Weight of child: Grams

1.8 Did child look normal after birth? Yes ☐ No. ☐

1.9 Ges: Period wks

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

Serial Number .....

REPUBLIC OF BOTSWANA

OFFICIAL STAMP

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

Record Number

Registration No.

District

Town/Village

Name of Declarant: Forename

Surname

Relation to the Deceased .....

Address of Next of Kin .....

PARTICULARS OF DEATH

1.1 Name of Deceased

Forename

Other Names

Surname

1.2 Sex: Male ☐ Female ☐

1.3 Date of death (Day Month Year)

1.4 Age at death (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 (Day Month Year) 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

Other Names

Surname

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

Serial Number .....

REPUBLIC OF BOTSWANA

OFFICIAL STAMP

BIRTH AND DEATH REGISTRATION ACT
NOTICE OF DEATH IN HEALTH INSTITUTION

Record Number

Registration No.

District

Town/Village

Name of Declarant: Forename

Surname

Relation to the Deceased: .....

Address of Next of Kin .....

PARTICULARS OF DEATH

1.1 Name of Deceased

Forename

Other Names

Surname

1.2 Sex: Male ☐ Female ☐

1.3 Date of death Day Month Year

1.4 Age at death 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 Day Month Year 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

1.12 Symptoms before death: .....

1.13 Duration of illness: .....

1.14 Hospitalisation Period: .....

1.15 Causes of Death:

a) Disease or Condition directly 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 desease or condition causing it .....

PARTICULARS OF MOTHER

(If deceased is under 16 years of age)

2.1 Name of Mother

Forename

Other Names

Surname

2.2 Age of Mother

2.3 I. D. Number

Signature: Mother/Declarant .....

Registration Assistant: Name .....Designation.....Signature.....

Medical Officer.....Designation.....Signature.....Date.....

MADE this 1st day of May, 1992

P.K. BALOPI,
Minister of Labour and Home Affairs.