



Technical Papers

Number 12
December 1980

Age Estimation Committee in Qatar

International Institute for Vital Registration and Statistics
9650 Rockville Pike
Bethesda, Maryland 20014
U.S.A.

CONTENTS

Foreword	i
Age estimation forms and certificate	1
Criteria for age assessment	1
Sample forms	3
Sketch of centres of ossification	7

* * * * *

FOREWORD

A birth certificate or entries in the birth register are generally accepted as prima facie evidence of age of individuals. Unfortunately, birth registration is either nonexistent or incomplete in many countries of the world.

The State of Qatar has decided for official purposes to estimate the age of individuals without birth certificates. This is an interesting account of the procedure that is being used in that country

The Technical Papers series is issued by IIVRS for the information of its Associates. The views presented are those of the Authors'. The IIVRS does not necessarily endorse the views or recommendations in this document. There are no restrictions on the use of material published by IIVRS. Material from this publication may be quoted or duplicated without permission.

Age Estimation Committee in Qatar

by

Dr. Sayed A. Taj El Din
M.B.B.Ch, D.P.H., F.R.S.H., M.A.P.H.A.
Director of Preventive Health
Ministry of Public Health
State of Qatar

The State of Qatar is an independent Arab State. Its territory occupies a peninsula covering approximately 4,000 square miles on the western shore of the Arabian (ex-Persian) Gulf. The total population estimate is 200,000. About 98 percent of total births occur in the Maternity Hospital (210 beds). Birth registration takes place in the Department of Preventive Health for all deliveries that occur in the Maternity Hospital.

The Age Estimation Committee was formed by an Amiri Decree issued in January, 1970. Members of this Committee are:

- 1) The Medico-Legal Doctor
- 2) The Medical Officer of Health.
- 3) A Physician from the School Health Department.
- 4) A Secretary and Typist.

The Committee meets weekly in the office of the Medico Legal Doctor in the main hospital (Rumailah Hospital - 550 beds)

AGE ESTIMATION FORMS AND CERTIFICATE

Applications for age estimation are collected throughout the week. Each applicant has to fill the Form No. 1 (request for age estimation) which contains the following data: name, father's name, family name, mother's name, sex, religion and nationality. Form No. 2 is the medical report for age estimation and contains the full data of the applicant, and the medical report of the Committee which includes the following criteria: height, weight, growth, teeth, signs of puberty, distinguishing marks, the X-ray report, and the Committee's decision on the estimated age of the applicant. Form No. 3 is a request for X-ray (elbow and wrist joints and hand, iliac crest - Xiphisternal joint). Form No. 4 is the age estimation certificate. A recent photo (6 x 4 cm) is attached to each form.

Since 1959, birth registers are kept in the Public Health Department. Two copies of a birth certificate are issued free to each mother of all children who have been born in the Maternity Hospital. Home

deliveries have to be reported to the Public Health Department within a month of the date of delivery. Recently, a new law for birth and death registration was approved by the ministerial cabinet which regulates birth registration of home deliveries (not more than 2 percent of total deliveries).

Prior to the past 3 years, age was estimated for anybody (Qatari or non-Qatari) but now it has been restricted to Qatari Nationals only. The total number of cases which have been estimated up until 31 December 1979 was 25,959. The total number of live births registered in the year 1979 was 6,057, of which 2,755 were Qataris and 3,392 were foreigners.

Age estimation certificates are needed for the following ministries and departments:

- 1) Ministry of Education (at school entry).
- 2) Ministry of Interior.
- 3) Ministry of Social Affairs.
- 4) Traffic Department (for drivers' licenses - 18 years)
- 5) Civil Court.

CRITERIA FOR AGE ASSESSMENT

Height and weight

The following table shows the mean heights and weights of ages between 6-18 years.

Age	Height (cms)	Weight (kgs)
6	110	20
7	117	22
8	123	25
9	129	28
10	132	31
11	138	34
12	143	37
13	149	41-42
14	154	46-47
15	160	52-53
16	164	58-59
17	168	63-64
18	172	70-71

Dentition

<u>Eruption of Deciduous Teeth</u>	<u>Date of Eruption</u>
Central incisors — lower upper	8th month
Internal incisors — lower upper	10th month
First molars	12th month
Canines	18th month
Second molars	24th month
<u>Eruption of Permanent Teeth</u>	<u>Date of Eruption</u>
First Molars — lower upper	6 years 6½ years
Central incisors — lower upper	6-7 years
Lateral incisors — lower upper	7-8 years 8-9 years
First premolars — upper	10 years
Canines — lower	10-11 years
First premolars — lower	11 years
Second premolars — upper	10-12 years
Canines — upper	11-12 years
Second premolars — lower	11-12 years
Second molars	12 years
Third molars	17-22 years

Ossification centres of carpal lower

Capi-tate	Ham-ate	Triquet Rum	Lun-ate	Scaf-oid	Trap-ezium	Trape-zoid	Pisi-form
6 Months	6 Months	M 3-4 Yrs	4-5 Yrs	6 Yrs	6 Yrs	6 Yrs	11 Yrs
		F 2-3 Yrs	3-4 Yrs	4 Yrs	4-5 Yrs	4-5 Yrs	9-10 Yrs

M = Males
F = Females

- 1) These centres are cartilaginous at birth.
- 2) All carpal bones normally ossify from a single centre of ossification.
- 3) Centres for carpal bones appear from 1-2 years earlier in females except the pisiform which may be 3-4 years earlier.

The age estimation certificate is issued in duplicate, with a serial number for any future reference if a copy is needed by the applicant.

SAMPLE FORMS

دولة قطر

وزارة الصحة العامة
STATE OF QATAR

MINISTRY OF PUBLIC HEALTH

Age Estimation Committee

Form No. (1)

لجنة تقدير العمر

نموذج رقم (1)

طلب تقدير العمر

REQUEST FOR AGE ESTIMATION

Serial No. _____ : رقم مسلسل
Date _____ : التاريخ
Name _____ : الاسم
Father's Name _____ : اسم الوالد
Family Name _____ : اسم الجد أو العائلة
Mother's Name _____ : اسم الأم
Sex _____ : الجنس
Religion _____ : الديانة
Nationality _____ : الجنسية

توقيع والد أو ولي أمر طالب تقدير العمر أو مقدم الطلب

SIGNATURE OF APPLICANT

RECENT PHOTO

صورة فوتوغرافية حديثة

3 × 5 سم

تحم الصورة بخاتم

الجهة الرسمية .



بصمة الإبهام الأيسر
LEFT THUMB PRINT

توقيع آخذ البصمة : _____

وظيفته : _____

RECENT PHOTO

صورة فوتوغرافية حديثة
٣ × ٥ سم
تحتم الصورة بخاتم
دائرة الخدمات الطبية
والصحة العامة

دولة قطر
وزارة الصحة العامة
STATE OF QATAR
MINISTRY OF PUBLIC HEALTH

تقرير طبي لتقدير العمر
MEDICAL REPORT FOR AGE ESTIMATION

Age Estimation Committee
Form No. (2)

لجنة تقدير العمر
نموذج رقم (٢)

Serial No. : رقم مسلسل
Date : التاريخ
Requested by : الجهة طالبة تقدير العمر
Name : الاسم
Father's Name : اسم الوالد
Family Name : اسم الجلد أو العائلة
Mother's Name : اسم الأم
Sex : الجنس
Religion : الديانة
Nationality : الجنسية

Medical Report of Committee :-

الكشف الطبي بمعرفة اللجنة :-

Weight : الوزن : Height : الطول
Growth : النمو
Teeth : الأسنان

Signs of Puberty : مظاهر البلوغ

Distinguishing Marks : علامات مميزة

X-Ray Report : الفحص بالأشعة

Committee Decision : قرار اللجنة

member

عضو اللجنة

طبيب الصحة العامة
MEDICAL OFFICER
OF HEALTH

HEAD of
COMMITTEE

رئيس اللجنة

الطبيب الشرعي
MEDICO-LEGAL
DOCTOR

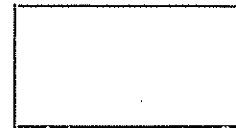
member

عضو اللجنة

طبيب
(Physician)

MINISTER OF PUBLIC HEALTH
وزير الصحة العامة

يتمد ،



بصمة الإبهام الأيسر
LEFT Thumb Print

STATE OF QATAR
MINISTRY OF PUBLIC HEALTH

دولة قطر
وزارة الصحة العامة

No. _____ FORM 3
First Name _____
Other Names _____
Sex _____ Date of Birth _____
Ward/Department _____

Examination Requested

History + Clinical Details

AGE ESTIMATION

X RAY DEPT. USE

DATE OF X RAY

RADIO GRAPHER

REPORT

LMP

ALLERGIES

WALKING

CHAIR

TROLLEY

WARD

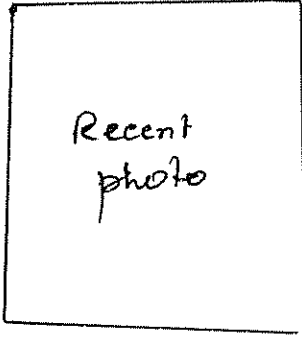
THEATRE

DATE

SIGNATURE

STAMP

XRAY MR 48



دولة قطر

وزارة الصحة العامة

STATE OF QATAR

MINISTRY OF PUBLIC HEALTH

Age Estimation Committee

Form No. (4)

لجنة تقدير العمر

نموذج رقم (4)

شهادة تقدير العمر

AGE ESTIMATION CERTIFICATE

Name _____ : الاسم
Father's Name _____ : اسم الوالد
Family Name _____ : اسم الجد أو العائلة
Mother's Name _____ : اسم الأم
Sex _____ : الجنس
Religion _____ : الديانة
Nationality _____ : الجنسية
Estimated Age _____ : تقدير العمر
Estimated Date of Birth _____ : تاريخ الميلاد التقديري
Date of Issue _____ : تاريخ الإصدار
Registration No. _____ : رقم التسجيل

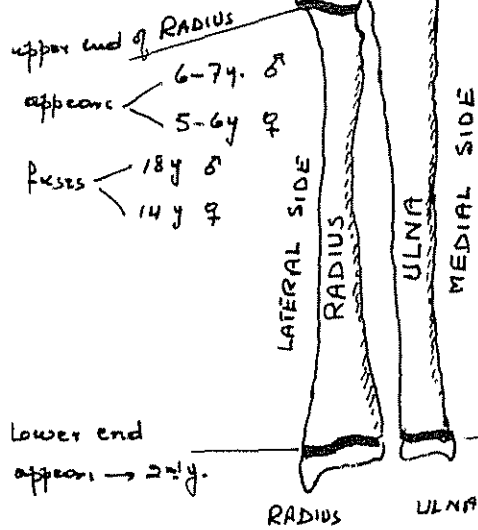
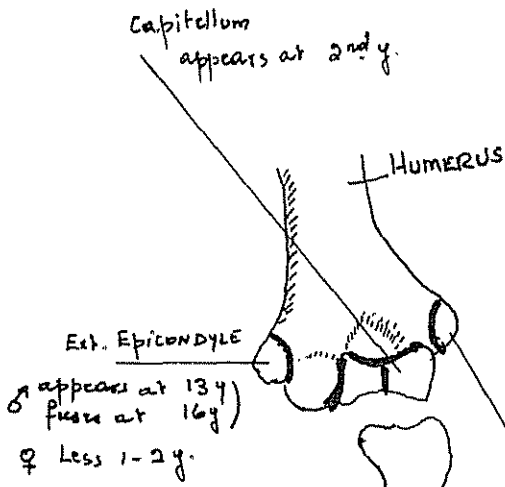
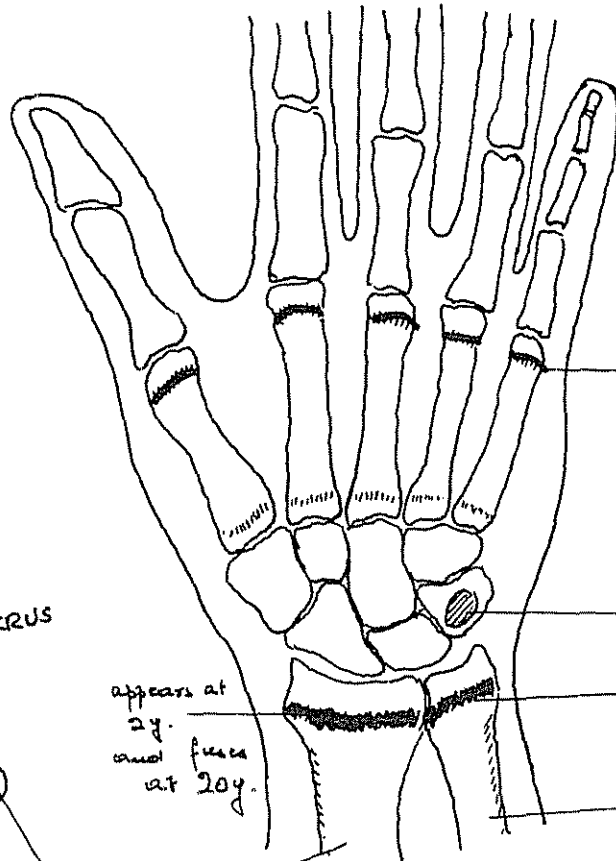
مدير الخدمات الطبية والصحة العامة
DIRECTOR OF MEDICAL AND PUBLIC HEALTH

ختم الوزارة
Ministry stamp

Doha - Qatar - Arabian Gulf

الدوحة - قطر - الخليج العربي

CENTRES OF OSSIFICATION



Int. Epicondyle
 appears $\begin{cases} 8-9y \text{ } \delta \\ 5-6y \text{ } \eta \end{cases}$
 Fuses $\begin{cases} 17y \text{ } \delta \\ 15-16y \text{ } \eta \end{cases}$

Lower end of ULNA
 appears $8y \text{ } \delta$
 fuses at $19y \text{ } \eta$ (less 1-2y)

(LEFT FOREARM)

