

APPLICATION FORM (BIRTH)

To

The Registrar of Birth and Death and
Health Officer,
Notified Area Council, Kuchinda.

Sub: Issue of BIRTH CERTIFICATE.

Madam / Sir,

I submit herewith the following particulars for issue of Birth Certificate on payment.

1. Name of the Child (in full)
(in Capital Letter) _____
2. Name of Father _____
3. Name of Mother _____
4. Place of Birth _____
5. Date of Birth

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6. Sex Male Female
7. Permanent Address of Parents _____

Signature of Father / Mother

For Office Use _____		
Regd. No _____	Date _____	Vol.No: _____
Challan No _____	Date _____	

***NB: Name of the child once recorded cannot be changed.*