

APPLICATION FORM FOR BIRTH REGISTRATION

[The form is non-transferable and is valid for three months from the date of issue]

To
The Chairman,

Sir,

I am to request you to grant a 'Birth Certificate' to my son / daughter and I hereby furnish the following information :

1. Date of Birth : (Enter the exact day, month and year the child was born e.g. 1-1-2009) : _____
2. Sex : (Enter 'male' or 'female', do not use abbreviation) : _____
3. Name of the Child, if any : (if not named, leave blank) : _____
4. Name of the Father : (Full name as usually written) : _____
5. Name of the Mother : (Full name as usually written) : _____
6. Place of Birth : _____
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital / Institution or the address of the house where the birth took place)
 1. Hospital / Institution Name : _____
 2. House Address : _____
 3. Other Place : _____
7. Informant's Name : _____
Address : _____
8. Town or Village of Residence of the Mother : (place where the mother usually lives. This can be different from the place where the delivery occurred. This House address is not required to be entered.)
 - (a) Name of Town / Village _____
 - (b) Is it a Town or Village (Tick the appropriate entry below) : 1. Town : 2. Village
 - (c) Name of District _____ (d) Name of State _____
9. Religion of the Family : (Tick the appropriate entry below)
 1. Hindu 2. Muslim 3. Christian 4. Any other religion : (write name of the religion) _____
10. Father's level of education : _____
(Enter the completed level of education e.g. if studied up to Class-VII but passed only Class-VI, write Class-VI)
11. Mother's Level of education : _____
(Enter the completed level of education e.g. if studied up to Class-VII but passed only Class-VI, write Class-VI)
12. Father Occupation : (If no occupation write 'NIL') : _____
13. Mother's occupation : (if no occupation write 'NIL') : _____
14. Age of the mother (in completed years) at the time of marriage : _____
(if married more than once, age at first marriage may be entered.)
15. Age of the mother (in completed years) at the time of this birth : _____
16. Number of children born alive to the mother so far including this child : _____
Number of children born alive to include also those from earlier marriage(s), (if any)
17. Type of attention at delivery : (tick the appropriate entry below)
 1. Institutional-Government 2. Institutional-Private or Non-Government
 3. Doctor, Nurse or Trained Midwife 4. Traditional Birth Attendant
 5. Relatives or other : _____
18. Method of Delivery : (Tick the appropriate entry below) 1. Normal 2. Ceasarean 3. Forceps / Vacuum
19. Birth Weight (in kgs.) (if available) : _____
20. Duration of pregnancy (in weeks) : _____

I, _____, affirm that I have gone through and understood the Regulations above and being satisfied with the same certify that the above information is true to the best of my belief and knowledge. I also agree to indemnify the Authority against all claims arising out of or incidentals for granting of certificate.

Date :

Place :

Signature of the applicant