

APPLICATION FORM FOR BIRTH REGISTRATION

(See Rule 12)

FORM No.7

FORM No.1

BIRTH REPORT

Legal Information

This part to be added to the Birth Register

To be filled by the informant

I. Date of Birth:

.....

(Enter the exact day, month and year the child

2. Sex:

Male Female

(Select "Male" or "Female")

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 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)

1. Name of Hospital/Institution:

.....

2. House Address:

.....

7. Informant's Name:

.....

Address:

.....

(After completion of this section's information, informant will put date and signature here)

Date:

.....

.....
Signature or left thumb mark of the Informant

To be filled by the Registrar

Registration No. _____ Date: _____

Registration Unit: _____

District: _____

Town / Village: _____

Remarks: (if any)

Name of the Registrar: _____

Signature of the Registrar