

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH

VITAL RECORDS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH.

Certification of Birth

Date of Birth: OCTOBER 24, 2020

State File Number: 105398-2020

Date Issued: NOVEMBER 10, 2020

Date Filed: OCTOBER 28, 2020

Name: AARYA JIGNESH DALSANIYA

Sex: FEMALE

Time of Birth: 09:22 AM

Place of Birth: CHESTER COUNTY
WEST CHESTER, PENNSYLVANIA

Parent: JIGNA BHARATBHAI HIRANI

Parent: JIGNESH NAGJI DALSANIYA



This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

Audrey C. Marrocco

Audrey C. Marrocco
State Registrar



THE DOCUMENT FACE CONTAINS A YELLOW BACKGROUND AND EMBOSSED SEAL.
THE BACK CONTAINS SPECIAL LINES WITH TEXT.

H105.105.ID Rev. (03/2020)

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER.
DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

0005646371

DETACH HERE

TEAR AT THIS PERFORATION

DETACH HERE

JIGNA JIGNESH DALSANIYA
205 BIRCHWOOD DRIVE
WEST CHESTER, PENNSYLVANIA 19380

Order Number: 20208109385



Commonwealth of Pennsylvania
Department of Health

Division of Vital Records

The information appearing on the Certification of Birth is transcribed from the original birth certificate as filed with the Division of Vital Records. The Division of Vital Records reserves the right to accept or reject any correction.

Instructions to Correct Birth Certificate:

Complete the affidavit form below in the presence of a Notary Public. Upon receipt and review of the documentation and notarized affidavit, the Division of Vital Records will determine if the correction can be processed.

An original document that supports the correction(s) requested must be submitted, such as marriage record, baptismal record, school record, military record, etc.

The person(s) requesting the correction must include with the notarized affidavit a clear copy of his/her valid government issued photo ID that verifies his/her name and current mailing address. Examples of acceptable identification are a state issued driver's license or non-driver photo ID that verifies the name and current address. If possible, enlarge photo ID on copier by at least 150%. If you do not possess photo ID that verifies your current mailing address, you may submit two documents that do verify the address such as lease agreement, utility bills, pay stub, bank statement, credit card statement, etc.

Mail completed affidavit form, documents and photo ID to:

Division of Vital Records
P.O. Box 1528
New Castle, PA 16108
(724) 656-3100

For additional information, visit our website at www.health.pa.gov/MyRecords/Certificates



0005645371

DATA	ORIGINAL RECORD NOW READS	CORRECTION(S) DESIRED (print full names, dates, other)			
NAME AT BIRTH		First	Middle	Last	Suffix
DATE OF BIRTH					
SEX					
FATHER/PARENT		First	Middle	Last	Suffix
MOTHER/PARENT		First	Middle	Last	Suffix
OTHER ERROR					
OTHER ERROR					
SIGNATURE OF FATHER/PARENT		PRESENT ADDRESS STREET			
SIGNATURE OF MOTHER/PARENT		CITY	STATE	ZIP CODE	
SIGNATURE OF PERSON NAMED ON RECORD		PHONE NUMBER ()			
TO BE COMPLETED BY NOTARY PUBLIC ONLY					
<p><u>State of</u> <u>Signed and sworn to before me</u> this <u> </u> (Day) of <u> </u> (Month), <u> </u> 20<u> </u> Print name of person(s) appearing before the Notary Public</p>					
<p>1. 2. Signature of Notary Public</p>					
<p>Address of Notary Public</p>					
<p>My commission expires</p>					
<p style="text-align: center;">Notary Stamp and/or Seal</p>					

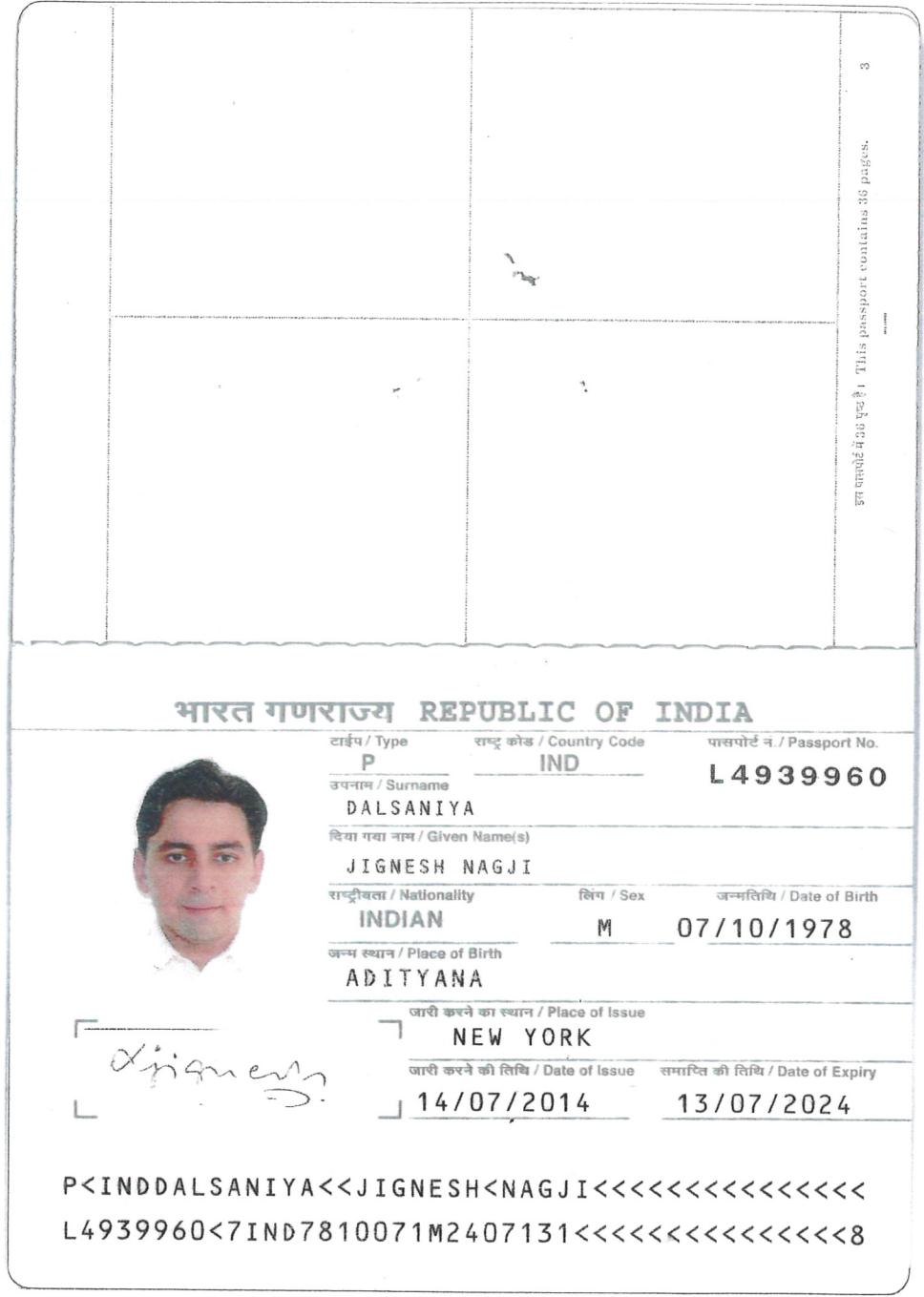
Notary Instructions:

Use BLUE or BLACK INK for all signatures and/or the notary stamp.

Do not notarize if there are any alterations, such as: scratch out, correction fluid, write-over or erasure.

Do not notarize unless signed by subject (or parent(s) if under age 18) in the presence of the Notary.

Complete all items in the Notary section and affix your notary stamp and/or seal.



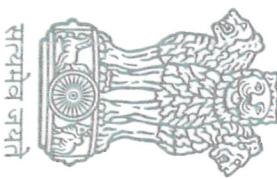
ਤੁਹਾਨੂੰ ਪੜ੍ਹੋ ਕਿ ਇਸ ਪੱਤਰ ਵਿੱਚ ਕਿਵੇਂ ਲਿਖਾ ਹੈ। This passport contains 36 pages.

भारत गणराज्य REPUBLIC OF INDIA

इसके द्वारा, भारत गणराज्य के राष्ट्रपति के नाम पर, उम सभी से जिनका
इससे संबद्ध हो, अन्यों एवं अपेक्षा की जाती है कि वे धारक को लिना दिस्ती
ट्रेक-टोक के स्वतंत्रता से अन्य-जने दे, और उन्हें हर तरह की ऐसी सहायता
और सुरक्षा प्रदान करें जिसकी जरूर आवश्यकता है।

THESE ARE TO REQUEST AND REQUIRE IN THE NAME OF
THE PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM
IT MAY CONCERN TO ALLOW THE BEARER TO PASS FREELY
WITHOUT LET OR HINDRANCE AND TO AFFORD HIM OR HER,
EVERY ASSISTANCE AND PROTECTION OF WHICH HE OR SHE
MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से
BY ORDER OF THE PRESIDENT
OF THE REPUBLIC OF INDIA



Radhe Shyam Aran
Assistant Consular Officer
CONSULATE GENERAL OF INDIA
NEW YORK

भारत गणराज्य
REPUBLIC OF INDIA



.....

पासपोर्ट

PASSPORT

सत्यमेव जयते

Warning

... house acquires nationality of another country, he/she should surrender this passport forthwith to the nearest Indian Mission/Post abroad. Unauthorized possession of this document shall constitute an offence punishable under the Indian Passport Act, 1967.

विद्यार्थी में जो वास्तविक प्राप्तियाँ को संरक्षित करनी है वे विद्यार्थी का अपना अधिकार है।

REGISTRATION

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST.

CAUTION

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY THE HOLDER FROM A CONSULATE OR A DIPLOMATIC REPRESENTATIVE OF INDIA OR THE GOVERNMENT OF INDIA, WHETHER IN WRITING OR ORAL, REGARDING THIS PASSPORT, INCLUDING A DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IMMEDIATELY.

THIS PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. THIS SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORIZED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

रेत्रीफ / डीजर्वेशन

फ्लाइट / मिसेलेनियस सर्विस

पिता / कानूनी अधिभावक का नाम / Name of Father / Legal Guardian

DALSANIYA NAGJI DHANJI
माता का नाम / Name of Mother

DALSANIYA MANJULA NAGJI
पति का पहचान का नाम / Name of Spouse

पता / Address

705 LOUISA LN

MECHANICSBURG PA 17050

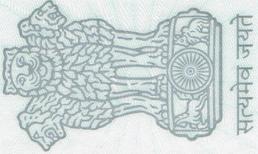
पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

72051023 08/10/2010 NEW YORK

USAN20746814

भारत गणराज्य REPUBLIC OF INDIA

पासपोर्ट PASSPORT



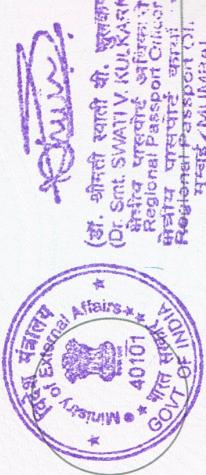
प्राचीनमेव जयते

इसमें सत्रह है, अनुभव एवं अनुभाव की जाति नहीं आने जाने के, अंग जो हर तरह की ऐसी सहजता द्वारा किया जाता है वे आपको कर्म के लिये उपयोग में लाए जाते हैं। इसके द्वारा आपको अपनी जीवन की विशेषताएँ और विशेष व्यक्तिगत विशेषताएँ प्रदान की जाती हैं।

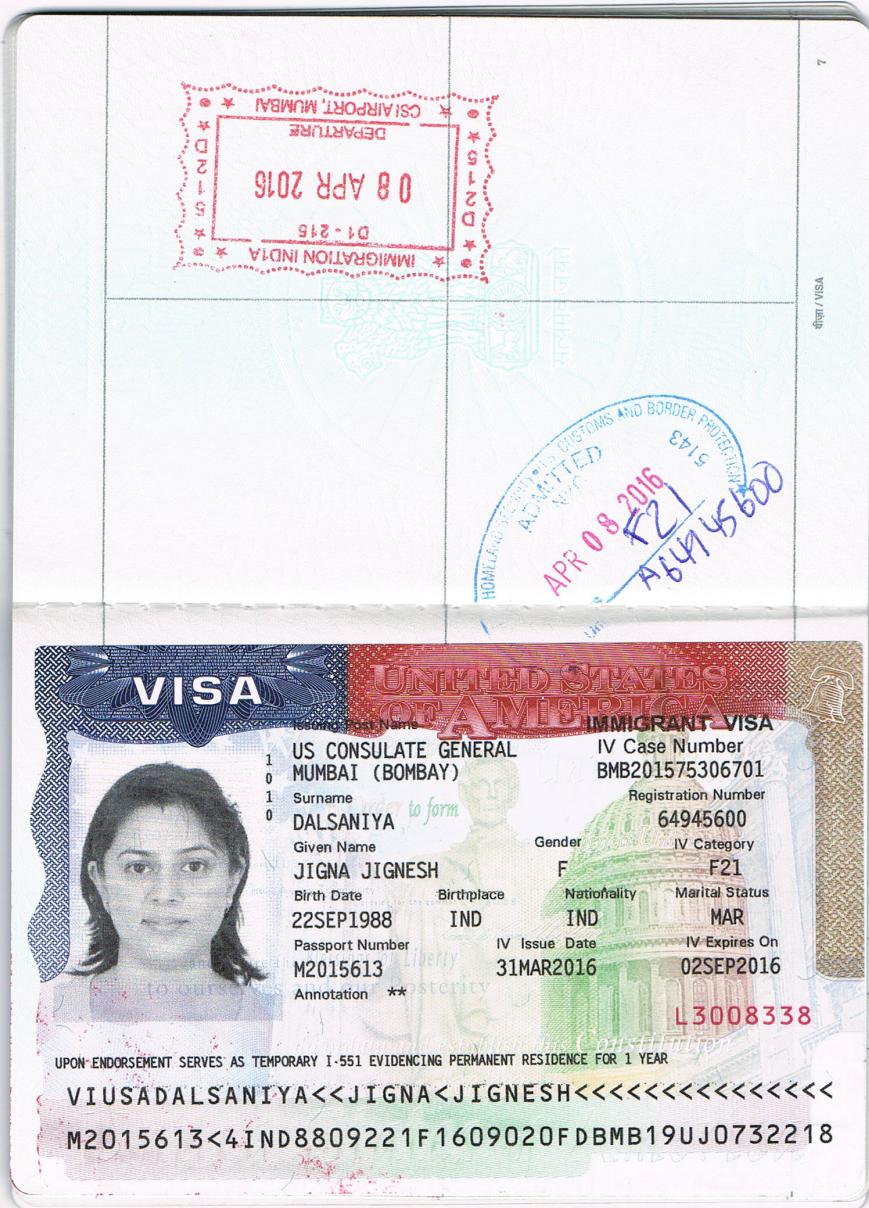
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MAY STAND IN NEED.

भारत परामर्श के गठनकारी के आदेश से
BY ORDER OF THE PRESIDENT
OF THE REPUBLIC OF INDIA

भारत गणराज्य
REPUBLIC OF INDIA







BO1078015387214

प्रतीक नं./File No.

ज5129867 ०५/०२/२०११ अहमदाबाद

जितनाम गोपाल खाना रोड वाराणसी/Old Passport No. With Date and Place of Issue

PIN: 400068, MAHARASHTRA, INDIA

DAHISAR EAST, MUMBAI

नन्दनवान गोपाल ब्ल्ड. S.V.RD A-304

पता/Address

जिगेश नागजी दालसनिया

पता/Name of Spouse

हासबैन भारतभाई हिरानी

पता/Name of Mother

भारतभाई चहागनल हिरानी

M2015613



विविध सेवा / MISCELLANEOUS SERVICE

टिप्पणी / OBSERVATION