GOVERNMENT OF MEGHALAYA

APPLICATION FORM FOR OBTAINING BIRTH CERTIFICATE

Applicant's Basic Details

Applicant's Name:
Mobile Number:
E-Mail:
Application Specific Details
Name of Child:
Gender :Male/Female
Father's Name:
Mother's Name:
Date of Birth of Child:
Application Submission Location :
Place of Birth:
Days from the birth of child:
Address of the Parents at the time of birth of Child
District:
Complete Address:
Permanent Address of Parents
State:
District:
Complete Address: