APPLICATION FORM FOR BIRTH CERTIFICATE

To,	Tł	ne Register of Birt	hs and Deat	hs and			
					P.H./C.H.C./	NAC/Munic	ipality/
	M	Iunicipal Corporat					
Sub:	ls	sue of Birth Certif	icates.				
Sir/M	ladam,						
Certif		am submitting her Section-12/17(.		•	•		f Birth
1.	Name of (Capital I	Child in full Letters):-					
2.	Name of	the Father: -					
3.	Name of	the Mother:-					
4.	Date of E	Birth:-					
5.	Place of	Birth:-					
6.	Sex of Ch	nild:-					
7.	Permane	ent address of Par	ents: - At:			P.O	
	P.S. :		Dist:.			State:	
Place	·						
Date:				Full Signatu	re of Father	/Mother/Gu	ıardian
				Permanen	t Address: /	At:	
				P.O		P.S	
				Dist:		State:	
<u>N.B. I</u>	Name of c	hild once recorde		-			
Regis	tration No		For Off Date	·	olume No	Year	ſ
Chala	n No	Date	Rec	eipt Book No.	Re	eceipt No	
		Fees r					
				(1.apc			,,