Form No. BCRS-BR-01 Version: 2024 Page 1 of 2



## MINISTRY OF HOME AFFAIRS DEPARTMENT OF CIVIL REGISTRATION AND CENSUS



## **BIRTH REGISTRATION FORM**

1.	Particulars of Newborn:
	Name:
	Date of birth (DD/MM/YYYY):
	Sex: O Male O Female Time of Birth: Birth Weight:
	Place of Birth: Country:
	Dzongkhag Village Village
	Place of Delivery: O Hospital O PHC O Home O Others
	Mother Tongue: Religion: Astrological Sign:
	Present Address:
2.	Details of Father:
	Citizenship ID No.:
	Name.:
3.	Details of Mother:
	Citizenship ID No.:
	Name.:
ļ	
4.	With whom the newborn is to be registered:
	Citizenship ID /SR Card No.:
	Name.:
	Relation to newborn:
	Birth Registration Form Acknowledgement Receipt
Rece	ved duly completed Birth Registration form along with supporting documents from
date	for registration ofwith the above person in sl.
No.	holding Citizenship ID/SR/Permit No