



MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA
FOR ISSUANCE OF BIRTH CERTIFICATE, DEATH CERTIFICATE, MARRIAGE CERTIFICATE
AND PRELIMINARY MARRIAGE CERTIFICATE

Name of the person: _____
Date of birth: _____
Place of birth: _____
Sex: _____
Religion: _____
Caste: _____
Occupation: _____
Signature of the person: _____
Date: _____

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25-02-2023