APPLICATION FOR (BIRTH) CERTIFICATE

To

The Register of Births & Deaths –cum-Executive Officer, Hinjilicut Municipality



ISSUE OF BIRTH CERTIFICATE

I do hereby authorised the office bearer to deposit the treasury challan on my behalf. Date: Full Signature of Applicant &		
N.B.: Name of the Child once recorded cannot be changed.		
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o. Fermane	m Addiess.	
7. Mobile N	0	
6. Sex		: Male Female
5. Date of E	Birth	
4. Place of	Birth	:
3. Name of	Mother	: (IN CAPITAL)
2. Name of	Father	: (IN CAPITAL)
1. Name of	the Child	: (IN CAPITAL)
ا Submit إ Certificate on		ne following particulars for issue of Birth

FOR OFFICE USE

Registration No.:_____Date:___/___/