

APPLICATION FORM FOR BIRTH CERTIFICATE

To,

The Registrar of Birth and Deaths and Health officer
Dhenkanal Municipality.

Sub :- Issue of Birth Certificate.

Sir/Madam,

I am submitting herewith the following particulars for issue of Birth Certificate under
Section - 12/17 (..... copy/copies)

1. Name of the Child in Full
(Capital Letter) :-
2. Name of the Father :-
3. Name of the Mother :-
4. Date of Birth :-
5. Place of Birth :-
6. Sex of Child :-
7. Permanent address of parents : At P.O.
P.S. : Dist : State

Place :

Date :

Full Signature of Father / Mother / Guardian

Relation of the child :

Permanent Address : At

P.O. P.S.

Dist State

N.B. : Name of the child once recorded can not be changed.

FOR OFFICE USE

Registration No. _____ Date _____ Volume _____ Year _____

Challan No. _____ Date _____ Receipt Book No. _____ Receipt No. _____

Date _____ Fees realised Rs. _____ (Rupees) only.

Signature of Registrar with official seal