



**APPLICATION FOR THE CHILD NAME INCLUSION IN BIRTH CERTIFICATE
WITH IN ONE YEAR**

FROM

NAME:

ADDRESS:

PHONE NO:

TO

RIGISTER OF BIRTH AND DEATHS

CIRCLE NO: _____

COMMISSINER&DIRECTOR

OF MUNICIPAL ADMINISTRATIO

OFFICE ADDRESS:

I, _____ S/o./W/o. _____

Aged about _____ years working as _____

(Designation & office Address) Residing at H.No _____

(Complete Door no. & House Address).

I declare that _____ was Delivered Male/Female child

in _____ (Place of Birth)

on _____ (Date of Birth).



Requested for kindly go through the below details and include the child name in Birth Registrations accordingly and provide Birth Certificate.

| | | | |
|-----|--|---|--|
| 1) | Name of the Registration unit | : | |
| 2) | Registration year | : | |
| 3) | Registration No. | : | |
| 4) | Date of Registration | : | |
| 5) | Date of Birth | : | |
| 6) | Name of the Mother | : | |
| 7) | Name of the Father | : | |
| 8) | Name of the child to be included | : | |
| 9) | Sex | : | |
| 10) | Name and Address of the Applicant with Mobile No. and email ID | : | |
| 11) | Relationship with Child | : | |

Encl: 1) Application Form *

I hereby declare that the above-mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above-mentioned.

Name & address,

Signature &

Signature &

Name of the father of child

Name of the mother of child