



APPLICATION FORM (BIRTH)

To
The Registrar of Birth & Death
Joda Municipality, Joda

Sub : Issue of BIRTH CERTIFICATE

Madam/Sir,

I submit herewith the following particulars for issue of Birth Certificate on payment.

1. Name of the Child (in full) : _____
(In Capital letter)
2. Name of the Father : _____
3. Name of the Mother : _____
4. Place of Birth : _____
5. Date of Birth :
6. Sex : Male Female
7. Permanent Address of Parents : _____

Signature of Father / Mother

<u>For Office Use</u>		
Regd. No _____	Date _____	Vol.No. _____
Challan No. _____	Date _____	

**** NB: Name of the Child once recorded cannot be changed.**