APPLICATION FORM FOR BIRTH CERTIFICATE (REGULAR REGISTRATION FOR INSTITUTIONAL BIRTH)

| 10, | | | | |
|--------|--|--|--|--|
| | The Registrar of Birth and Death | | | |
| | Tura Municipal Board, Tura. | | | |
| | West Garo Hills, Meghalaya. | | | |
| Sub:- | Application for Birth Certificate Form | n No. 5 | | |
| Sir/M | adam, | | | |
| Certif | With reference to the subject cited a cited sicate Form No. 5 | above. I have the honour to request you to kindly issue me a Birth | | |
| The n | ecessary particulars are given below: | | | |
| 1 | . Name of the Child(IN BLOCK LETTE | ERS): | | |
| 2 | 2. Sex of the Child(IN BLOCK LETTERS): | | | |
| 3 | 3. Name of the Mother(IN BLOCK LETTERS): | | | |
| 4 | 4. Name of the Father(IN BLOCK LETTERS): | | | |
| 5 | . Date of Birth | : | | |
| 6 | . Place of Birth/Hospital Name | : | | |
| 7 | 7. Current Address of parents during delivery time: Town Address(if any) | | | |
| | | P.O | | |
| | P.S | District | | |
| | State | Pin | | |
| 8. | Vill/Town: | | | |
| | P.O | P.S | | |
| | District | State | | |
| | Pin | _ | | |
| 9. | Enclosed: | | | |
| | | | | |
| | (1)Original Birth Record from the In | stitution/Baby Record. | | |
| Date: | | Yours Faithfully | | |
| | | Name: | | |
| | | Add: | | |
| | | Ph No: | | |

DECLARATION BY PARENTS FOR OBTAINING BIRTH CERTIFICATE

(To be reported within 1 day of occurrence of event)

| | | S/o, D/o, W/o do hereby solemnly affirm and declare as | |
|---------------------|--|--|--|
| | | | |
| | Sex (Male/ Female/ Transgender) | is who born at | |
| | (Complete Address) | | |
| 2. | That the name of Father of my ab | ove said son/ daughter is | |
| 3. | 3. That the mother of my above said son/ daughter is Smti | | |
| 4. | Name of Child | | |
| | The above information is true and correct to the best of my knowledge and belief and nothing has been concealed therein. In case of fraud even, action may be initiated against me/ us as per the provision laid down under Registration of Births and Deaths Act, 1969. | | |
| Signature of Mother | | Signature of Father | |
| With her name | | With his name | |
| Mobile no | | Mobile No | |
| E-mail ID(if any) | | Email ID(if any) | |
| | | | |

(Note: Information of only mother will be required in case of single mother)