



## APPLICATION FORM ( BIRTH)

To

The Registrar of Birth and Death and  
City Health Officer,  
Bhubaneswar Municipal Corporation,  
Bhubaneswar.

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 Father : \_\_\_\_\_
3. Name of Mother : \_\_\_\_\_
4. Place of Birth : \_\_\_\_\_
5. Date of Birth :
6. Sex : Male  Female
7. Permanent Address of Parents : \_\_\_\_\_  
\_\_\_\_\_

Signature of Father / Mother

**For Office Use**

Regd. No : \_\_\_\_\_ Date : \_\_\_\_\_ Vol.No: \_\_\_\_\_

Challan No : \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NB** : Name of the child once recorded can not be changed.