

BIRTH REPORT FORM

CHAKLALA CANTONMENT

Enter

CEO

1. Date of Birth of Child _____

2. Place of Birth alongwith complete address _____

3. Name of Child _____

4. Sex of the child (Male/Female/Eunuch) _____

Name of child's
Mother and her
identity card No.

5. Name of mother with her father's

Name _____

6. Identity card code No. of mother

						-											-	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	---	--

Name of child's
Father and his
identity card No.

7. Name of father with his father's

Name _____

8. Identity card code No. of father

						-											-	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	---	--

9. Age of mother at the time of birth _____

10. No. of children born alive to the mother so far _____

11. Date of registration of birth _____

12. Name and address of the _____

Dai attended _____

13. Signature of the Reporter
with full address _____
