



# ರಾಯಚೂರು ನಗರಸಭೆ

## RAICHUR CMC

UDD-HE-E-F-JULO5-110  
Statistics Registration  
Health Department

### APPLICATION FOR BIRTH CERTIFICATE

#### APPLICANT INFORMATION - Print (bold letters) or type

|   |  |                           |                                    |                      |          |
|---|--|---------------------------|------------------------------------|----------------------|----------|
| <b>1 Name of Applicant-</b> First Name  |  | Middle Name/Initials      | Last / Surname                     |                      |          |
| <b>2 Address :</b> number, street, locality                                   |  | City/Town/Village         | Dt/Taluk/PO                        | State                | Pin code |
| <b>3 Telephone Number</b>   | <b>4 Purpose</b> for which certificate is to be used |                           | <b>5 Relationship</b> with subject |                      |          |
| <b>6 Name</b> of person receiving certificate(s), if different from applicant |  | <b>7 Number</b> of copies |                                    | <b>8 Amount Paid</b> |          |

#### CERTIFICATE INFORMATION – Print (bold letters) or type

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>9 Name of the Mother –</b> First Name         |  | Middle Name/Initials   | Last /Surname  |  |  |
| <b>10 Name of the Father-</b> First Name         |  | Middle Name/Initials   | Last/ Surname  |  |  |
| <b>11 Date of Birth</b><br>dd mm yyyy<br>/ /     | <b>12 Sex</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male |  | <b>13 Place of Birth</b><br><input type="checkbox"/> Hospital <input type="checkbox"/> Other |  |  |
| <b>14 Place of Birth (Full address)</b>          |  | City   | State  | Pin code                                     |  |
| <b>15 Name of Hospital (If born in hospital)</b> |  | <b>16 Date of Registration (if available)</b><br>dd mm yyyy<br>/ / |  | <b>17 Registration Number (if available)</b> |  |

#### DECLARATION

I hereby state that the above information is true and request for the certificate.

|                                    |                                      |
|------------------------------------|--------------------------------------|
| <b>18 Date :</b> dd mm yyyy<br>/ / | <b>19 Signature/Left thumb print</b> |
|------------------------------------|--------------------------------------|

#### DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

|  |  |
|--|--|
| <b>20 Name of SHO</b>                      | <b>21 Registration Number</b>                    |
| <b>22 Date of event:</b> dd mm yyyy<br>/ / | <b>23 Signature of the concerned case worker</b> |