



APPLICATION FORM FOR BIRTH CERTIFICATE

To,

The Registrar of Birth & Death and Health Officer
Rourkela Municipal Corporation, Rourkela

Sub: **Issue of Birth Certificate**

Sir/ Madam,

I am submitting herewith the following particulars for issue of Birth Certificate under section 17 of RBD act of my

1. Name of the Child in full :

(Use Capital Letters)

2. Name of Father :

3. Name of Mother :

4. Date of Birth :

5. Place of Birth :

6. Sex of Child :

7. Permanent Address of Parents At :

Po :

Ps :

Dist : State.....

Place :

Date :

Yours Faithfully

Full Signature of Father/ Mother/ Guardian

Permanent Address At :

Po : Ps:

Dist : State.....

N.B. : Name of Child once recorded cannot be changed

For Office Use

Registration No..... Date.....

Challan No..... Date.....

Name of the Child :

Father's Name :

Name of Mother :

Date of Birth :

Place of Birth :

Date of Issue of Certificate :

Time of Issue : 03:00 PM to 05:00 PM

Signature of the Receiving Officer