
Official Birth Certificate

Certificate No.: [Unique Number]

Issued Date: [DD/MM/YYYY]

Personal Details

- **Full Name:** [First Name] [Middle Name] [Last Name]
- **Date of Birth:** [DD/MM/YYYY]
- **Time of Birth:** [HH:MM AM/PM]
- **Place of Birth:** [Hospital Name, City, State, Country]
- **Gender:** [Male/Female/Other]

Parent Details

- **Father's Name:** [Full Name]
- **Mother's Name:** [Full Name]
- **Father's Nationality:** [Nationality]
- **Mother's Nationality:** [Nationality]
- **Address:** [Street Address, City, State, Postal Code, Country]

Registration Details

- **Registrar's Name:** [Registrar's Full Name]
- **Registration Number:** [Unique Registration Number]
- **Date of Registration:** [DD/MM/YYYY]

Official Stamp and Signatures

- **Registrar's Signature:** _____
- **Seal/Stamp:** [Official Government Seal]

