



**CHANDIGARH ADMINISTRATION
REGISTRAR BIRTHS & DEATHS**



Application for Issue of Birth Certificate(s)

FOR OFFICE USE ONLY

To

The Registrar,
Births and Deaths,
U.T., Chandigarh.

Sir,

Total Amount _____

Number of Copies _____

Receipt Number _____

Dated : ____/____/____

Kindly issue me the Birth Certificate(s) as per details given below :

1. Date of Birth (dd/mmm/yyyy): ____/____/____
2. Sex : Male Female (Tick one)
3. Place of Birth (Complete Address) : _____

4. Father's Name: _____
5. Mother's Name: _____
6. Grand Father's Name: _____
7. Permanent Address at the time of admission in Hospital/Nursing Home:

8. Relation of Applicant with Child (Father/Mother/Relative):



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9. Registration Number (if applicant knows) _____
10. Registration Date (if applicant knows) _____
11. Name of Child (with application on bond Paper) _____

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Instructions to Dealing Hand in case of any correction filed by the applicant :

Corrected Particulars with the date of correction:

Child Name (if any): _____

Name of Father: _____

Name of Mother: _____

Sex: _____ (DOC: ___/___/___)

Date of Birth: ___/___/___ (DOC: ___/___/___)

Place of Birth: _____ (DOC: ___/___/___)

DOC - Date of Correction

Signature of Receiver with Date of receiving _____ / _____ / _____