

BIRTH CERTIFICATE CITY DISTRICT GOVERNMENT FAISALABAD

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NO. ANNUAL REG.	DATE MONTH YEAR IN WHICH CHILD WAS BORN	NAME IF ANY	SEX	FATHER'S NAME ALONG GRAND FATHER'S NAME ALONG WITH NIC NO.	MOTHER'S NAME & HER FATHER'S NAME ALONG WITH NIC NO.	COMPLETE ADDRESS PLACE OF BIRTH NAME OF MOHALLAH BAZAR ETC.	OCCUPATION CASTE & RELIGION	NAME OF INFORMER	SIG. OR THUMB IMPRESSION ALONG WITH NIC NO.	NAME OF NURSE	DATE MONTH YEAR IN WHICH BIRTH REGISTERED	AGE OF MOTHER	NO. OF CHILDREN WHO BORN ALIVE	REMARKS

Reg. No.
 Date of Application
 Certificate Fee:
 Date of Order
 Date when ready
 Date of Delivery
 Prepared by:
 Compared by:

Sd/-
District Officer Health-II
City District Government, Faisalabad.