



# Application Form For Birth Registration

## 1. Particulars of Person whom to be Registration:

Name						
Date of Birth	In Figure	Day	Month	Year	Sex	<input type="checkbox"/> Female
	In Word					<input type="checkbox"/> Male
Place of Birth						
	Country : Bangladesh					

## 2. Particulars of Parents :

Father's Name	Nationality	Mother's Name	Nationality

## 3. Permanent Address : [ Holding/house no., Road name & no., Village/Moholla, Ward no., Pourashava, Dist. ]

Country : Bangladesh

## 4. Present Address : [ Holding/house no., Road name & no., Village/Moholla, Ward no., Pourashava, Dist. ]

Country : Bangladesh

## 5. Nature of Disability (if any) (Put Ö) : Blind/deaf/ long term illness/ indisposed / deformed/other

## 6. Certification of Applicant's ( Applicant's own signature / Finger-print to be given in the below table in case of 18 years old or above)

I Solemnly declared and affirmed that the above mentioned statements are true to the best of my knowledge and also declare that the person of birth registration has not registered in any other place.			Date of application (In Figure)		
Name :		Signature/ Finger-print			
Relation :	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> other ( Relation to be write down ) : .....		Day	Month	Year