



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL BIRTH RECORDS

Name of the child: _____
Date of birth: _____
Place of birth: _____
Sex: _____
Weight: _____
Height: _____
Blood group: _____
Mother's name: _____
Father's name: _____
Occupation: _____
Religion: _____
Caste: _____
Address: _____
Village: _____
Taluk: _____
District: _____
State: _____
Country: _____

Sl. No.	Particulars	Remarks
1	1. Name of the child	
2	2. Date of birth	
3	3. Place of birth	
4	4. Sex	
5	5. Weight	
6	6. Height	
7	7. Blood group	
8	8. Mother's name	
9	9. Father's name	
10	10. Occupation	
11	11. Religion	
12	12. Caste	
13	13. Address	
14	14. Village	
15	15. Taluk	
16	16. District	
17	17. State	
18	18. Country	

Signature of the Registrar: _____
Date: _____

Stamp of the Registrar: _____

Official Seal: _____

Signature of the Registrar: _____