



MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA
STATE OF KARNATAKA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF KARNATAKA

Form No. 1
For the purpose of the
Registration of Birth and Death
Act, 1969
Section 10
Registration of Birth and Death
Part A
Registration of Birth

1. Name of the child
2. Sex
3. Date of Birth
4. Time of Birth
5. Place of Birth
6. Name of the mother
7. Name of the father
8. Name of the informant
9. Signature of the informant
10. Signature of the Registrar

11. Name of the child
12. Sex
13. Date of Birth
14. Time of Birth
15. Place of Birth
16. Name of the mother
17. Name of the father
18. Name of the informant
19. Signature of the informant
20. Signature of the Registrar

21. Name of the child
22. Sex
23. Date of Birth
24. Time of Birth
25. Place of Birth
26. Name of the mother
27. Name of the father
28. Name of the informant
29. Signature of the informant
30. Signature of the Registrar

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35. Place of Birth
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37. Name of the father
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39. Signature of the informant
40. Signature of the Registrar

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140. Signature of the Registrar