



MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL BIRTH REGISTRATION
NATIONAL DEATH REGISTRATION

Name: _____
Date of Birth: _____
Place of Birth: _____
Sex: _____
Religion: _____
Caste: _____
Occupation: _____

Sl. No.	Registration No.	Name	Sex	Religion	Caste	Occupation	Age	Height	Weight	Temperature	Pulse	Respiration	Blood Pressure	Remarks
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														

Signature of Registrar: _____
Date: _____
Place: _____
Official Seal: _____