



**MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL BIRTH REGISTRATION SCHEDULE**

Date of Birth: _____ Sex: _____
 Date of Registration: _____ Sex: _____
 Signature of Registrar: _____ Sex: _____

Particulars of the child: _____

Name of the child: _____
 Date of birth: _____
 Sex: _____
 Place of birth: _____
 Name of the mother: _____
 Name of the father: _____
 Name of the guardian: _____

Date of registration: _____
 Signature of Registrar: _____

Sl. No.	Age in years	Sex	Place of birth	Name of the mother	Name of the father	Name of the guardian
1	4					
2	4					
3	4					
4	4					
5	4					
6	4					
7	4					
8	4					
9	4					
10	4					
11	4					
12	4					
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14	4					
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91	4					
92	4					
93	4					
94	4					
95	4					
96	4					
97	4					
98	4					
99	4					
100	4					

Total no. of children: _____
 Signature of Registrar: _____

Name of the child: _____
 Date of birth: _____
 Sex: _____
 Place of birth: _____
 Name of the mother: _____
 Name of the father: _____
 Name of the guardian: _____

