



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

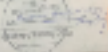
Form No. 1
Date of Birth: _____
Place of Birth: _____
Sex: _____
Age: _____

1. Name of the child: _____
2. Name of the mother: _____
3. Name of the father: _____
4. Name of the informant: _____
5. Address of the informant: _____

No.	Age	Sex	Religion	Caste	Occupation	Marital Status	Education	Signature of Informant
1	0-1	M	Hindu	Sharma	Farmer	Married	Illiterate	
2	1-2	F	Muslim	Khan	Housewife	Married	Illiterate	
3	2-3	M	Hindu	Sharma	Teacher	Married	Primary	
4	3-4	F	Muslim	Khan	Housewife	Married	Illiterate	
5	4-5	M	Hindu	Sharma	Farmer	Married	Illiterate	
6	5-6	F	Muslim	Khan	Housewife	Married	Illiterate	
7	6-7	M	Hindu	Sharma	Teacher	Married	Primary	
8	7-8	F	Muslim	Khan	Housewife	Married	Illiterate	
9	8-9	M	Hindu	Sharma	Farmer	Married	Illiterate	
10	9-10	F	Muslim	Khan	Housewife	Married	Illiterate	
11	10-11	M	Hindu	Sharma	Teacher	Married	Primary	
12	11-12	F	Muslim	Khan	Housewife	Married	Illiterate	
13	12-13	M	Hindu	Sharma	Farmer	Married	Illiterate	
14	13-14	F	Muslim	Khan	Housewife	Married	Illiterate	
15	14-15	M	Hindu	Sharma	Teacher	Married	Primary	
16	15-16	F	Muslim	Khan	Housewife	Married	Illiterate	
17	16-17	M	Hindu	Sharma	Farmer	Married	Illiterate	
18	17-18	F	Muslim	Khan	Housewife	Married	Illiterate	
19	18-19	M	Hindu	Sharma	Teacher	Married	Primary	
20	19-20	F	Muslim	Khan	Housewife	Married	Illiterate	

Signature of Informant: _____
Date: _____

Signature of Registrar: _____
Date: _____



Signature of Registrar