

Name: _____
 Local Government: _____
 Registration No: _____
 Expiry Date: _____

1. Number of children in the family
2. Number of children under 5
3. Number of children under 10
4. Number of children under 15
5. Number of children under 18
6. Number of children under 20
7. Number of children under 25
8. Number of children under 30
9. Number of children under 35
10. Number of children under 40
11. Number of children under 45
12. Number of children under 50

No	Name	Age Group		Remarks
		0-4	5-14	
1	AA	0	2000	
2	AB	2	2000	
3	AC	18	2000	
4	ADA	4	2000	
5	ADB	2	2000	
6	ADP	1	2000	
7	ADQ	2	2000	
8	ADM	0	2000	
9	ADN	3	2000	
10	ADO	0	2000	
11	ADP	0	2000	
12	ADQ	20	2000	

TOTAL: _____
 (Sum of all ages)

I, _____, District Officer, District of _____, hereby certify that the information contained in this form is true and correct and that all the children in the family are under 50 years of age.



Date: _____
 Signature: _____