

**FORM - 020**

\_\_\_\_\_ MUNICIPALITY / CORPORATION

**APPLICATION FOR BIRTH CERTIFICATE  
(Write in Capital Letters)**

- 1 Date Of Birth
2. Sex
- 3 Child Name
  - a. If Registered Mention the Child Name.
  - b. If Child Name not included a separate form to be filled by the Father and Mother of the child
4. Name of the Father
5. Name of the Mother
- 6 Place of Birth

(Tick the appropriate entry a, b, c below and give the name of the Hospital/Institute or the Address of the House where the Birth took place.If other place give location)

- a) Hospital/Institution Name
  - b) House Address
  - c) Other place
7. No.Of Copies Required
  8. a) Do you want the Birth Certificate by Courier- Yes/No  
b) If Yes give Name and Address with PinCode

(Signature of the Name & address, Applicant)

Telephone No:

Note:- Birth certificate will be issued subject to entry found Registered in Municipal records.

CSC Transaction No:

CSC Transaction Date: