DECLARATION BY PARENTS FOR OBTAINING BIRTH CERTIFICATE (To be reported within 21 days of occurrence of the event)

					S/o,D/o, hereby so							(comp	lete
	•••••		•••••		correct	••••••	Sex	(Male	/Fema	ale/Tra	ansge	ender)	
•••••	•••••	•••••	•••••	who	born at (c	omplete	addre	ess)	•••••	•••••	•••••	•••••	
2. T	hat the	name	of Father	of my	above said	d son/da	ughtei	r is	••••••				
3. T	hat the	mothe	r of my a	bove sa	aid son/da	ughter is	Smt	•••••					
					correct to		_		_				_
					r Registrat	_		•			_	it ilie/t	13 a 3
Sign	ature o	f Mothe	er				Signa	iture of	Fathe	er			
	her na	me						h his n	ame				
Mob. No e-mail id(if any):						Mob. No e-mail id(if any):							
e-m	ali la(IT	any):					e-ma	iii ia(it i	any):				
	(Not	e: Info	rmation	of only	<i>,</i> mother w	vill be r	e quir e	ed in ca	ise of	single	mot	her)	