



Urban Local Bodies Uttar Pradesh

Birth Registration Form

Date Of Birth* :/...../..... **Gender*** : Male / Female / Others
Name Of Child : **Father's Name*** :
Mother's Name* : **District Name*** :
ULB Name : **Zone Name** :
Ward Name : **Mohalla Name*** :
Place of Birth* : Home / Govt. Hospital / Private Hospital / Other
Birth Place Address* :
Current Address* :
Permanent Address :
Mother Resides : **Is** : Rural / Urban
E-mail : **Mobile Number*** :
Proof Of Birth: High school Mark sheet / Parent ID proof / Birth Hospital Certificate / Others

Additional Information

Mother's Education : Literate / Illiterate **Mother's Occupation** : House wife/Employee/Others
Father's Education : Literate / Illiterate **Father's Occupation** : Unemployed/Employee/Others
Mother's age at Marriage : **Mother's age at Delivery** :
Total No.of Living Children : **Nature of delivery** : Natural / Caesarian / Forcip
Assistance Provided by : Self / Doctor / Nurse / Trained Dai / Govt. Institute / Others
Pregnancy in weeks : **Weight of child(Kg)** :
Place **Applicant Name**
Date/...../..... **Signature**