

# BIRTH REPORT FORM

Enter

## MARDAN CANTONMENT

CEO

1. Date of Birth of Child \_\_\_\_\_

2. Place of Birth alongwith complete address \_\_\_\_\_

3. Name of Child \_\_\_\_\_

4. Sex of the child (Male/Female/Eunuch) \_\_\_\_\_

Name of child's  
Mother and her  
identity card No.

5. Name of mother with her father's

Name \_\_\_\_\_

6. Identity card code No. of mother

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Name of child's  
Father and his  
identity card No.

7. Name of father with his father's

Name \_\_\_\_\_

8. Identity card code No. of father

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9. Age of mother at the time of birth \_\_\_\_\_

10. No. of children born alive to the mother so far \_\_\_\_\_

11. Date of registration of birth \_\_\_\_\_

12. Name and address of the \_\_\_\_\_

Dai attended \_\_\_\_\_

13. Signature of the Reporter  
with full address \_\_\_\_\_