

Father Aadhar Card No:

Mother Aadhar Card No:

Name:- _____

H.No:- _____

Mobile No: _____

Date: _____

To,
The Registrar of Birth & Death,
V.P. of Chicalim,
Chicalim- Goa.

Sub:-Registration of New Born Child's name in V.P. Chicalim Jurisdiction.

Reg. No:- _____ Dated:- _____

(For Office Use only)

Sir,

I, the undersigned, Shri. _____

Smt. _____ Father and mother of the new
born child do hereby request the Registrar of Birth & Death of V.P. Chicalim to
register the name of my Son/Daughter who was born on
_____ at _____.

Name of the child to be Registered: (To be filled in Block Letters only)

Yours Faithfully,

Name of the father: -

Signature

Name of the Mother: -

Signature

(KINDLY ATTACH THE AADHAAR CARD COPY DULY SELF ATTESTED.)