

Price: **`1**

APPLICATION FOR NON AVAILABILITY CERTIFICATE FOR BIRTH

From	То
Name:	The Registrar of Birth and Deaths,
Address:	Registration Unit ID,
Telephone No:	District Name,
	CDMA Department.
Sir,	
Sub: - Request of Non-availability for birth Certificate –Reg.	
	><<>><
۱,S/	o./W/o
Aged about years work	king as
(Designation & office Address) Residing at H.No	
	(Complete Door no. & House Address).
I declare that my wife	Delivered Male/Female child
in	(Place of Birth)
on (Date of B	3irth).

□ I hereby declare that the above-mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above-mentioned.

Documents to be enclosed:

Signature of the Applicant

1. Application Form