
	MINISTRY OF HOME AFFAIRS DEPARTMENT OF CIVIL REGISTRATION AND CENSUS	
INFORMATION ON BIRTH THAT OCCURRED OUTSIDE HEALTH FACILITY IN BHUTAN		

Gewog/Thromde : _____ **Dzongkhag :** _____

1. Name of the child		2. Sex <input type="radio"/> Male <input type="radio"/> Female		3. Date of Birth (DD/MM/YYYY) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
4. Mother's Name			5. Mother's Citizenship ID No. :												
6. House No.	7. Thram No.	8. Village			9. Gewog/Thromde										
10. Dzongkhag															
11. Father's Name				12. Father's Citizenship ID No. :											
13. House No.	14. Thram No.	15. Village			16. Gewog/Thromde										
17. Dzongkhag															

I, the undersigned Tshogpa/Thromde Ngotsab/Thromde Tshogpa hereby declare that all the information provided herein in respect of newborn (name) _____ is true and correct. If proved to be false, I shall be liable for punishment as per the Law of the Land.

<p>18. <i>For birth occurred under Thromde</i></p> <p>18(a) Sign. & Seal of Thromde Ngotsab/Thomde Tshogpa</p> <p>Name : _____</p> <p>Citizenship ID No. : _____</p> <p>Mobile No. : _____</p> <p>Date : _____</p>	<p>19. <i>For birth occurred in Village/Chiwog</i></p> <p>19(a) Sign. & Seal of Chiwog Tshogpa</p> <p>Name : _____</p> <p>Citizenship ID No. : _____</p> <p>Mobile No. : _____</p> <p>Date : _____</p> <p>19(a) Sign. & Seal of Gup</p> <p>Name : _____</p> <p>Citizenship ID No. : _____</p> <p>Mobile No. : _____</p> <p>Date : _____</p>
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