APPLICATION FOR NON AVAILABILITY CERTIFICATE FOR BIRTH

From   **To**

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.

                                    ><<>><

I,_____S/o./W/o._____

Aged about _____ years working 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 Birth).

☐ 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**