FEDERAL REPUBLIC OF NIGERIA
NATIONAL POPULATION COMMISSION
LIVE BIRTH REGISTRATION (FORM B.1)
(All Entries in Block Letters)

BIRTH CERTIFICATE No.________________________

Registration Centre ____________________________

Village/Town ____________________________

Local Government Area ____________________________

State ____________________________

Birth Register Volume ____________________________

Entry Number ____________________________

Date of Registration ____________________________

Day | Month | Year

PARTICULARS OF CHILD

1. Name of Child (Surname First) ____________________________

2. Date of Birth ____________________________

   Day | Month | Year

3. Sex: Male/Female

4. (a) Place of occurrence: Maternity Home/Hospital/At Home/Traditional Doctor’s Place

   Others ____________________________

   (Specify)

(b) Village/Town (in Registration Area) ____________________________

5. Type of Birth: Single/Multiple

6. Birth Order ____________________________

PARTICULARS OF MOTHER

7. Name in Full (Surname First) ____________________________

8. Address of Usual Place of Residence ____________________________

9. Age at Birth of Child: ____________________________

10. Marital Status: Single/Married/Separated/Divorced/Widowed ____________________________

11. Nationality: Nigerian/Non Nigeria ____________________________

12. If Nigerian (a) State of Origin ____________________________

   (b) Ethnic Origin ____________________________

13. (a) Literate/Illiterate ____________________________

   (b) If Literate, Level of Education ____________________________

14. Occupation ____________________________

PARTICULARS OF FATHER

15. Name in Full (Surname First) ____________________________

16. Address of Usual Place of Residence ____________________________

17. Age ______ Year 18. Nationality: Nigerian/Non Nigeria ____________________________

19. If Nigerian (a) State of Origin ____________________________

   (b) Ethnic Origin ____________________________

20. (a) Literate/Illiterate ____________________________

   (b) If Literate, Level of Education ____________________________

   (b) Occupation ____________________________

PARTICULARS OF INFORMANT

21. Relationship to child ____________________________

22. Full name (Surname First) ____________________________

23. Address of Usual Place of Residence ____________________________

Signature or left thumb mark of Informant ____________________________

Name, Signature and stamp of Registrar ____________________________

FOR OFFICIAL USE ONLY