

Uganda

Birth:



THE BIRTHS AND DEATHS REGISTRATION REGULATIONS, SI 309 - 1
Regulation 5 (1)

DECLARATION OF BIRTH

Date of birth..... Time of birth
Place of birth.....
Name of hospital
Sub-county District.....
Name (if any) of child
Sex of child

Father

Name and surname.....
Residence
Occupation Nationality

Mother

Name
Maiden surname
Residence
Occupation Nationality

Why was the birth not registered within the prescribed period?

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I by occupation
a residing at in the district
of in Uganda, DO HEREBY DECLARE that the information given
above by me is true and correct, that I know this is of my own and that my means of knowing this is (*here
state shortly your means of knowing and the capacity in which you give this information*).

.....
.....

Subscribed by me at on this day
of in the year

Subscribed in the presence of
living at

.....
Signature of Declarant