A. Birth Registration Form (BMD-1)

Form BMD-1

DEPARTMENT OF THE REGISTRAR GENERAL

ACKNOWLEDGMENT OF BIRTH NOTIFICATION

1. NAME OF CHILD: ____________________________ (First Name) ____________________________ (Surname)

2. DATE OF BIRTH: ____________ / ____________ / ____________

3. SEX: M F

4. NATURE OF BIRTH: Born Alive Born Dead

5. NAME OF MOTHER: ____________________________ (First Name) ____________________________ (Surname)

6. MOTHER'S USUAL RESIDENCE:

   Name of Area: ____________________________ Region (District): ____________________________

I certify that the above information has been verified and recorded.

7. DATE: ____________________________

8. REGISTRATION INFORMATION OFFICER: ____________________________ SIGNATURE: ____________________________

NAME OF REGISTRATION CENTRE: ____________________________