

**BIRTH & NATIONAL IDENTITY REGISTRATION FORM**

**O. For Office Use Only**

\*Birth Registration:  \*National Identity Card Registration:  \*Registration Date:  DD -  MM -  YYYY

\*Province:  \*LLG:

\*District:  \*Ward:

\*Registration Point:

\*Registration Officer's Name:  \*NID No:

**A. Child or Applicant's Details:**

PLEASE WRITE IN BLOCK LETTERS & FILL UP ALL REQUIRED INFORMATION (\*)

Birth Cert ID/NID No:  \*Date of Birth:  DD -  MM -  YYYY

\*Given Name(s):

\*Family Name:   
(Name at Birth)

**Place of Birth:**

\*Hospital/Village/Town:

\*Province:  \*LLG:

\*District:  \*Ward:

\*Gender:  Male  Female Order of Child:  \*Registration Type:  Live Birth  Still Birth

\*Registered As:  Natural  Adoption  Fostered Type of Birth:  Single  Twins  Triplets  Quadruplets  
(Fill Form 4: Particulars of an Adoption)

Disability:  \*Mobile No:

**B. Parents Details:**

	MOTHER	FATHER
NID No:	<input type="text"/>	<input type="text"/>
*Given Name(s):	<input type="text"/>	<input type="text"/>
*Family Name: (Father's Surname)	<input type="text"/>	<input type="text"/>
*Date of Birth:	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY
*Nationality:	<input type="text"/>	<input type="text"/>
*Occupation	<input type="text"/>	<input type="text"/>
*Denomination:	<input type="text"/>	<input type="text"/>
<b>Place of Origin:</b>		
*Country:	<input type="text"/>	<input type="text"/>
*Province/State:	<input type="text"/>	<input type="text"/>
*District:	<input type="text"/>	<input type="text"/>
*LLG:	<input type="text"/>	<input type="text"/>
*Ward:	<input type="text"/>	<input type="text"/>
*Village/Town:	<input type="text"/>	<input type="text"/>
*Tribe:	<input type="text"/>	<input type="text"/>
*Clan:	<input type="text"/>	<input type="text"/>

**MOTHER**

**FATHER**

**Current Residential Address:**

\*Province:

\*District:

\*LLG:

\*Ward:

\*Village/Town:

**Parents Marriage Information:**

(Civil & Customary Marriage Only)

Type of Marriage:  Civil  Customary  Defacto

Date of Marriage:    -    -

Marriage Reg. No:

**C. National Identity Card Information:**

THIS SECTION IS TO BE COMPLETED BY APPLICANTS 18 YEARS AND ABOVE ONLY

**Place of Origin:**

\*Province:

\*District:

\*Village/Town:

\*Society:  Patrilineal  Matrilineal

\*LLG:

\*Ward:

\*Tribe:

\*Clan:

**Current Residential Address:**

\*Province:

\*District:

\*Village/Town:

\*LLG:

\*Ward:

\*Marital Status:  Never Married  Married  Separated  Divorced  Widow/Widower

Preferred Spouse Family Name:

(Married Woman Only)

Spouse NID No/Name:

\*Education:  Never Attended School  Elementary  Primary  Secondary  Tertiary  Others

\*Occupation:

\*Denomination:

**D. Witness Details:**

AUTHORIZED WITNESS ONLY - COUNCILLOR, PASTOR, CLAN LEADER, HEALTH WORKER, PROFESSIONALS

\*Given Name(s):  NID No:

\*Family Name:

**Current Residential Address:**

\*Province:

\*District:

\*Village/Town:

\*Occupation:

\*LLG:

\*Ward:

\*Signature:

I hereby certify that the above information is correct for the purpose of registration under the Civil Registration Act (Chapter 304) Amended 2014

\*Registration Officer's Signature:-----

\*Applicant's Signature/Mark:-----