



No.

Form-5



GOVERNMENT OF MEGHALAYA
DEPARTMENT OF HEALTH AND FAMILY WELFARE



Name of local body issuing certificate.....

BIRTH CERTIFICATE

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969
and Rule 8/13 the Meghalaya Registration of Births and Deaths Rules, 1999

This is to certify that the following information has been taken from the original record of birth
which is the register for (local area/ local body)

of tahsil/block of District.....

of the state of Meghalaya

Name sex

Date of birth Place of birth

Name of Mother

Name of Father

Address of parents at the time of birth of the child:
Permanent Address of the parents:

Registration No: Date of Registration:

Remarks [if any].....

Date of issue..... Signature of the issuing authority

Address of the issuing authority

Seal

"Ensure registration of every birth and death"