CDMA Birth Corrections Application Form

**Birth Details:-**

District: ______________________ Registration Unit Id: ________________________________

Registration Number: ___________ Registration Year: ___________ Birth Year: ___________

Location: □ Greater Municipality □ Municipality □ Municipal Corporation □ Gram Panchayat

Gender: □ Male □ Female

**Corrections Required in Birth Certificate Details:-**

Whether You Want to Update Child Name: □ Yes □ No

Correct Child Surname: _________________ Correct Child Name: ____________________________

Whether You Want to Update Date of Birth: □ Yes □ No

Correct Date of Birth: __________________________

Whether You Want to Update Gender: □ Yes □ No

Correct Gender: □ Male □ Female

Whether You Want to Update Father Name: □ Yes □ No

Correct Father Surname: _________________ Correct Father Name: ____________________________

Whether You Want to Update Mother Name: □ Yes □ No

Correct Mother Surname: _________________ Correct Mother Name: ____________________________

Whether You Want to Update Birth Place: □ Yes □ No

Correct Birth Place: __________________________

Whether You Want to Update Address at the Time of Birth: □ Yes □ No

Correct Line 1 of Address at the Time of Birth: ________________________________________

Correct Line 2 of Address at the Time of Birth: ________________________________________

Correct Line 3 of Address at the Time of Birth: ________________________________________

Whether You Want to Update Permanent Address: □ Yes □ No

Correct Line 1 of Permanent Address: _________________________________________________

Correct Line 2 of Permanent Address: _________________________________________________

Correct Line 3 of Permanent Address: _________________________________________________
Informant Details:

Informant Name: ____________________________________________________________

Informant Relation: □S/o □ D/o □ w/o □ H/o □ M/o □ F/O □ C/o

Informant Address1: __________________________________________________________

Informant Address2: __________________________________________________________

Informant Address3: __________________________________________________________

Mobile Number: ________________ Email ID: _______________________________________

Remarks: _____________________________________________________________________

Pin code: ________________ Delivery Type: □Manual / In Person □ Post – Local □ Post - Nonlocal

Purpose of the Certificate _________________________________________________________

No of copies: ________________

Document List:-

1. Application Form*  Applicant’s Signature

2. Original Birth Certificate issued by the Registrar of Birth

3. Declaration by Parent(s) attested by two gazetted officers

4. Notary Affidavit on Rs.10/- Non-Judicial Stamped paper

5. Available Documentary evidences like educational certificates, Election ID Card, Ration Card, Passport, Driving License and Marriage certificates

6. A letter from the Hospital Authorities where the Birth has occurred

Note: Please upload Application Form and any one of Above Documents as a single file in pdf format