

Form No : 24H



No. :

To  
The Chief Municipal Health Officer  
The Kolkata Municipal Corporation

Required a certified extract from the Birth Register in respect of the following :

1. Name of Child :
2. Sex :
3. Name of Mother :
4. Name of Father :
5. Place of Birth :
6. Date of birth :
7. Date of Registration :
8. No of copies required :
9. Fee paid Rs :

Signature of Applicant

Name :  
Address :  
Date :