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

Changed Child Surname: _________________ Changed Child Name: ______________________

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

Changed Date of Birth: ___________________________

Whether You Want to Update Gender: ☐ Yes ☐ No

Changed Gender: ☐ Male ☐ Female

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

Changed Father Surname: _________________ Changed Father Name: ______________________

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

Changed Mother Surname: _________________ Changed Mother Name: ______________________

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

Changed Birth Place: ___________________________

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

Changed Line 1 of Address at the Time of Birth: ____________________________________________

Changed Line 2 of Address at the Time of Birth: ____________________________________________

Changed Line 3 of Address at the Time of Birth: ____________________________________________

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

Changed Line 1 of Permanent Address: _________________________________________________

Changed Line 2 of Permanent Address: _________________________________________________

Changed 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