

PAPUA NEW GUINEA
Civil Registration Act (Chapter 304)
BIRTH REGISTRATION FORM

(For Office Use Only)

Province:	
District:	
Registration Point:	
Registration Date: (DD/MM/YYYY)	/ /

A. Child's Details:
(*)

PLEASE WRITE IN BLOCK LETTERS & FILL UP ALL REQUIRED INFORMATION

*First Name:	
Middle Name:	
*Surname:	
*DOB: (DD/MM/YYYY)	/ /
Place of Birth:	
*Province:	
*District:	
*LLG:	
Village/Town:	
Hospital:	
Tribe/Clan:	
*Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
*Registration Type:	<input type="checkbox"/> Live Birth <input type="checkbox"/> Still Birth
*Single Mother:	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Disability:	<input type="checkbox"/> Hearing <input type="checkbox"/> Mental <input type="checkbox"/> Speech <input type="checkbox"/> Vision <input type="checkbox"/> Others
*Registered As:	<input type="checkbox"/> Natural <input type="checkbox"/> Adoption <input type="checkbox"/> Fostered
	(Fill up D if is Adoption/Fostered)
Type of Birth:	<input type="checkbox"/> Single <input type="checkbox"/> Twins <input type="checkbox"/> Triplet <input type="checkbox"/> Others
Order of Child:	

B. Parents' Details:

	MOTHER	FATHER
Birth Cert ID.:		
*First Name:		
Middle Name:		
*Surname: (Father's Surname)		
*Nationality:		
*DOB: (DD/MM/YYYY)	/ /	/ /
*Religion:		
Address:		
* Province:		
* District:		
* LLG:		
* Village/Town:		
* P.O.Box:		

	MOTHER	FATHER
*Tribe/Clan:		
*Usual Occupation:		
Contact Mobile:		
Contact Telephone:		
Fax:		
Email:		
Your Parents Origin:		
* Country:		
* Province:		
* District:		
* LLG:		
* Village:		

C. Witness Details:

*First Name:

Middle Name:

*Surname:

*Date: / /

(DD/MM/YYYY)

Address:

* Province:

* District:

* LLG:

* Village/Town:

* P.O.Box:

D. Adoption/Fostered Details:

	MOTHER	FATHER
Birth Cert ID:		
First Name:		
Middle Name:		
Surname:		

I hereby certify that the above information is correct for the purpose of registration under the *Civil Registration Act 1963*.

*Signature: