APPLICANT PHOTO

GUARDIAN

REPUBLIC OF LIBERIA

BUREAU OF VITAL & HEALTH STATISTICS MINISTRY OF HEALTH & SOCIAL WELFARE MONROVIA, LIBERIA

Form No.		
Sex:		
Date:		

APPLICATION FOR DELAYED REGISTRATION OF BIRTH

	Name of Applie	cant				1	
		cant(First Na	me)	(Middle Name)		(Last Name)	
	Place of Birth _	(Facility)	(City/Town)	(County)		(Country)	
	Date of Birth _	(Month)	(City/10wii)				
	Eathar's Nama	(Month)		(Date)		(Year)	
				^		7	
2	Father's Nation	nality	A	ge when child was b	Ørn	<u> </u>	
	Place of Birth						
		(Town/City)		(County)		(Country)	
록╽							
	Father Living?	Yes () No ()		$\int \langle \langle \rangle \rangle$	5		
	C	· / / /	(If living, ple	ase/give present/add	lress and tel	ephone number)	
		e					
2	Family Name of	of Mother's name before	ore Marriage	(If Manual	:1\		
	Mother's Natio	onality		(If Marr ge when child was			
	Place of Birth _	(Town City)		(County)		(Country)	
	Occupation	(1)	/	Date of Naturalizati	ion	• • •	
	Mother Living	Vac () No					
	Mother Living? Yes () No () (If living, please give present address and telephone num Applicant Signature Contact #						
ATTESTATION							
	I,		in th	e City of		County of	
	Republic of Liberia hereby states, declare and affirm that I at the father, Mother, Brother, Sister, Uncle, Aunt, Cousin, Grandfather, Grandmother of the child born						
and and							
	(Mother's Name) (Father's Name)						
	and that every information given is true to the best of my knowledge and I should be held liable for false declaration. Issued this in the						
	Declaration, 155						
		Nama		A ddmaca			
	HOTO OF ARENTS OR			Address _ Contact#			