

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

(For Office Use Only)

Province:

District:

Registration Point:

Registration Date: / /

A. Child's Details: (*)

PLEASE WRITE IN BLOCK LETTERS & FILL UP ALL REQUIRED INFORMATION (*)

*First Name:

Middle Name:

*Surname:

*DOB: / /

Place of Birth:

*Province:

*District:

*LLG:

Hospital/Village/Town:

Tribe/Clan:

*Gender: Female Male

*Single Mother: No Yes

*Registered As: Natural
 Adoption Fostered
(Fill up D if is Adoption/Fostered)

*Registration Type: Live Birth Still Birth

Disability: Hearing Mental Speech Vision Others

Type of Birth: Single Twins Triplet Others

Order of Child:

B. Parents' Details:

	MOTHER	FATHER
Birth Cert ID.:	<input type="text"/>	<input type="text"/>
*First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
*Surname: (Father's Surname)	<input type="text"/>	<input type="text"/>
*Nationality:	<input type="text"/>	<input type="text"/>
*Date of Birth: (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Religion:	<input type="text"/>	<input type="text"/>
*Address:	<input type="text"/>	<input type="text"/>
*Province:	<input type="text"/>	<input type="text"/>
*District:	<input type="text"/>	<input type="text"/>
*LLG:	<input type="text"/>	<input type="text"/>
*Village/Town:	<input type="text"/>	<input type="text"/>
*P.O. Box:	<input type="text"/>	<input type="text"/>



ROYAL PAPUA NEW GUINEA CONSTABULARY

POLICE HEADQUARTERS KONE DOBU
PRIVATE MAIL BAG PORT MORESBY
NATIONAL CAPITAL DISTRICT

PH: 3226258/3226102
FAX: 3226159/3226113

Att: OJC National Criminal Records Office

POLICE CHARACTER CHECK/CLEARANCE APPLICATION FOR PNG:

tick appropriate box: EMPLOYMENT PASSPORT/VISA OTHER PURPOSE

FULL NAME: MR. MRS. MISS, MS.

DATE OF BIRTH:

PLACE OF BIRTH:

HOME VILLAGE:

SUB PROVINCE:

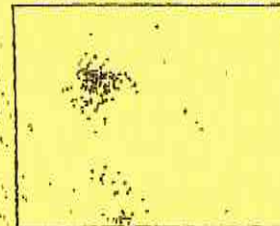
PROVINCE:

PASSPORT NUMBER: (if for visa/passport)

CONTACT NUMBER:

POSTAL ADDRESS:

RIGHT INDEX PRINT



PROCEDURAL NOTE:

- SERVICE FEE PAYMENT IS PGK10.00 PER HEAD. CLIENTS IN NCD, CAN MAKE PAYMENTS AT PUBLIC ACCOUNTS, VULUPINDI HAUS, WAIGANI, OR FIRE ARMS REGISTRY, BOROKO POLICE STATION, OR CENTRAL PROVINCIAL GOVERNMENT PAY OFFICE, GOVT. HOUSE DRIVE, KONE DOBU. CLIENTS IN OTHER CENTRES CAN DO PAYMENTS AT PROVINCIAL TREASURIES (BMS).
- COMPLETE THIS FORM AND ATTACH OFFICIAL SERVICE FEE RECEIPT, PHOTOCOPY OF ID, PASSPORT, BIRTH CERTIFICATE, SCHOOL CERTIFICATE WITH PHOTOGRAPH & STATUTORY DECLARATION. (one to be attached)
- LODGE APPLICATION FORM AT NCRO, POLICE HEADQUARTER, 1st FLOOR WHERE YOU WILL BE FINGER PRINTED INITIALLY. (CLIENTS IN OTHER PROVINCES AND IN OVERSEAS SHOULD REPORT TO NEAREST POLICE STATION FOR FULL FINGERPRINTING - 10 FINGERS.
- FOR VISA APPLICANTS, AFTER INITIAL FINGER PRINTING AT NCRO, FULL FINGER PRINTING WILL BE DONE AT FINGER-PRINTS SECTION, NATIONAL FORENSIC SCIENCE LABORATORY, AT VARAHE STREET, GORDONS (OPPOSITE NCDC DOG POUND). FINGER PRINTING AT FORENSIC SCIENCE ARE DONE ON NORMAL WORKING DAYS AND TIMES, EXCEPT EVERY WEDNESDAYS, 12.00 MIDE TO 4.00PM, AFTER THIS, APPLICATION IS BROUGHT TO NCRO SECTION, POLICE HQ. FOR FINAL PROCESSING.
- APPLICATIONS LODGED AT NCRO WILL BE FINALISED AFTER TWO (2) WORKING DAYS (48hrs) AFTER WHICH YOU SHOULD ENQUIRE
- FEEL FREE TO ENQUIRE FOR FURTHER INFORMATION.



Independent State of Papua New Guinea

STATUTORY DECLARATION

I, (a)

Do solemnly and sincerely declare that (b)

And I make this solemn declaration by virtue of *Oaths, Affirmations and Statutory Declarations Act* Chapter 317 of the Revised Laws of Papua New Guinea, conscientiously believing the statements contained therein to be true in every particular.

Declared at	}	(c)
	}	
on the	}	(d)
	}	
.....2011	}	(e)

- (a) Here insert name, address and occupation making the declaration.
- (b) Here insert the matter declared to. Where the matter is long, it should be set out in numbered paragraphs.
- (c) Signature of person making the declaration.
- (d) Signature of person before whom the declaration is made.
- (e) Here insert the title of the person before whom the declaration is made.

Note: Any person who willfully makes a false statement in a Statutory Declaration is guilty of an indictable Offence, and is liable to imprisonment with or without hard labour for four years.