## BIRTH REGISTRATION FORM

### A. Child's Details: (*)

- **First Name:**
- **Middle Name:**
- **Surname:**
- **DOB:** (DD/MM/YYYY)
- **Place of Birth:**
  - **Province:**
  - **District:**
  - **LLG:**
  - **Hospital/Village/Town:**
  - **Tribe/Clan:**

- **Gender:**
  - Female
  - Male

- **Registration Type:**
  - Live Birth
  - Still Birth

- **Single Mother:**
  - No
  - Yes

- **Disability:**
  - Hearing
  - Mental
  - Speech
  - Vision
  - Others

- **Registered As:**
  - Natural
  - Adoption
  - Fostered

- **Type of Birth:**
  - Single
  - Twins
  - Triplet
  - Others

- **Order of Child:**

### B. Parents' Details:

#### MOTHER

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

#### FATHER

- **Birth Cert ID:**
- **First Name:**
- **Middle Name:**
- **Surname:**
- **Nationality:**
- **Date of Birth:** (DD/MM/YYYY)
- **Religion:**
- **Address:**
  - **Province:**
  - **District:**
  - **LLG:**
  - **Village/Town:**
  - **P.O. Box:**
### Mother

- **Tribe/Clan:**
- **Usual Occupation:**
- **Contact Mobile:**
- **Contact Telephone:**
- **Fax:**
- **Email:**

**Your Parents Origin:**

- **Country:**
- **Province:**
- **District:**
- **LLG:**
- **Village:**

### Father

- **Tribe/Clan:**
- **Usual Occupation:**
- **Contact Mobile:**
- **Contact Telephone:**
- **Fax:**
- **Email:**

**Your Parents Origin:**

- **Country:**
- **Province:**
- **District:**
- **LLG:**
- **Village:**

### Witness Details:

- **First Name:**
- **Middle Name:**
- **Surname:**
- **Date:** (DD/MM/YYYY)
- **Address:**

**Province:**

**District:**

**LLG:**

**Village/Town:**

**P.O Box:**

### Adoption/Fostered Details:

**Mother**

- **Birth Cert ID:**
- **First Name:**
- **Middle Name:**
- **Surname:**

**Father**

- **Birth Cert ID:**
- **First Name:**
- **Middle Name:**
- **Surname:**

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

**Signature:**
ROYAL PAPUA NEW GUINEA CONSTABULARY
POLICE HEADQUARTERS KONEDOKU
PRIVATE MAIL BAG PORT MORESBY
NATIONAL CAPITAL DISTRICT
P: 3262658/326112
F: 326159/326113
Attn: OIC National Criminal Records Office

POLICE CHARACTER CHECK/CLEARANCE APPLICATION FOR PNG:

[ ] EMPLOYMENT  [ ] PASSPORT/PISA  [ ] OTHER PURPOSE

FULL NAME: MR, MRS, MISS, MS ..........................................................

DATE OF BIRTH: ...........................................................................

PLACE OF BIRTH: ...........................................................................

HOME VILLAGE: ............................................................................

SUB PROVINCE: ...........................................................................

PROVINCE: ..................................................................................

PASSPORT NUMBER: (ID for travel/visa) ...........................................

CONTACT NUMBER: ......................................................................

POSTAL ADDRESS: ......................................................................

RIGHT INDEX PRINT

PROCEDURAL NOTE:

SERVICE FEE PAYMENT IS PK10.00 PER HEAD. CLIENTS IN NCD CAN MAKE PAYMENTS AT PUBLIC ACCOUNTS, FULL INVITE HOUSE, MANAM, OR FORENSIC ARMED REGISTERS, BOROKO POLICE STATION, OR CENTRAL PROVINCIAL GOVERNMENT PAY OFFICE, Govt. House Drive, Konedoku. Clients in other centres can make payments at provincial treasuries (BMD).

COMPLETE THIS FORM AND ATTACH OFFICIAL SERVICE FEE RECEIPT, PHOTOCOPY OF ID, PASSPORT, BIRTH CERTIFICATE, SCHOOL CERTIFICATE WITH PHOTOGRAPHER & STATUTORY DECLARATION. (one to be attached)

LODGE APPLICATION FORM AT MCRO, POLICE HEADQUARTERS, 1st FLOOR WHERE YOU WILL BE FINGER PRINTED INITIALLY. CLIENTS IN OTHER PROVINCES AND OVERSEAS SHOULD REPORT TO NEAREST POLICE STATION FOR FULL FINGERPRINTING—10 FINGERS.

FOR VISA APPLICANTS, AFTER INITIAL FINGERPRINTING AT MCRO, FULL FINGERPRINTING WILL BE DONE AT FINGERPRINTS SECTION, NATIONAL FORENSIC SCIENCE LABORATORY, AT PARADE STREET, GORDON (OPPOSITE DGNR: 1000 POUND). FINGER PRINTING AT FORENSIC SCIENCE ARE DONE ON NORMAL WORKING DAYS AND TIMES, EXCEPT EVERY WEDNESDAYS, 12.00 MIDD TO 4.00PM. AFTER THIS, APPLICATION IS BROUGHT TO MCRO SECTION, POLICE HQ, FOR FINAL PROCESSING. APPLICATIONS LODGED AT MCRO WILL BE FINALISED AFTER TWO (2) WORKING DAYS (48hrs) AFTER WHICH YOU SHOULD ENQUIRE.

FEEL FREE TO ENQUIRE FOR FURTHER INFORMATION.
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 ...........................................  

on the ..................................................  

....................................................2011  

(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.

G.Dudi, Acting Government Printer-460, 10.000.200