Secretariat of the Male' City Council
Male', Republic of Maldives

بسم الله الرحمن الرحيم

425-B2-A/BCfr

Contact No:

Birth Record Form No:

APPLICATION FORM FOR BIRTH CERTIFICATE

Marriage Certificate No: Marriage Date:

Child's	Full Name	
	Sex	
	Permanent Addresss	
	Date of Birth	
	Place of Birth	
Father's	Full Name	
	Permanent Addresss	
	Date of Birth	
	Passport Number	
	Nationality	
Mother's	Full Name	
	Permanent Addresss	
	Date of Birth	
	Passport Number	
	Nationality	
Paternal Grand Father's	Full Name	
	Passport Number	
	Permanent Addresss	
Informer	Name	
	Passport Number	
	Relation	

(Please fill this form in block capital letters using dark blue or black ink)

Signature of Applicant:

Email :.....

Contact No: .....

Documents to be submitted by the applicant-

- Original and a copy of the marriage certificate
- Original and a copy of child's father and mother's passport
- Copy of child's grandfather's passport

* can apply: 08:15am - 01:00pm

Boduthakurufaanu Magu, Male' City Hall, Male' Republic of Maldives·

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vital.registration@malecity.gov.mv