

Birth in the sub-county of _____ county of _____ in the District of _____ Province of _____
In the Republic of Uganda.

No.	Date of Birth and time of Birth	Place of Birth	Name	Sex	Full name Residence and occupation and occupation of father	Full name, Maiden name, Residence and occupation and occupation of mother	Nationality of parents	Full name, occupation and residence of declaring and in what capacity he gives information	When registered	Signature of sub county chief	Name if added after registration of Birth

I _____ The Registrar General of Births and Deaths of Uganda, do hereby certify that this is a true copy of the return/ register of Birth for the Birth registration. District of the sub-county of _____ county of _____ in the District of _____ Province of _____ relating to the Birth of _____
Witness my hand at Kampala this _____ day of _____, 20 _____

Registrar General of Births and Deaths

FEE: Shs. 5000/=