



ICA
Securing Our Borders,
Safeguarding Our Home

BIRTH REGISTRATION FORM

BIRTH CERTIFICATE NO.

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CHILD'S PARTICULARS

NAME (underline surname, if any)

ETHNIC NAME IN CHINESE / JAWI / TAMIL (optional)

RACE (Note: All siblings of the child should have the same race)

DATE OF BIRTH (dd/mm/yyyy)

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TIME OF BIRTH

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hours

SEX

Male Female Unknown

PLACE WHERE BIRTH OCCURRED

MOTHER'S PARTICULARS

NAME

IDENTITY DOCUMENT NO.

NATIONALITY/CITIZENSHIP

RACE

OCCUPATION

MOBILE NO. (local)

ADDRESS

FIN (if applicable)

COUNTRY/PLACE OF BIRTH

DIALECT GROUP

QUALIFICATION

Degree Diploma 'O' Level

EMAIL

DOCUMENT TYPE

S/Pink IC S/Blue IC Passport
 Others (please specify):

DATE OF BIRTH (dd/mm/yyyy)

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NO. OF CHILDREN BORN ALIVE
(including current live-born)

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Others: _____

FATHER'S PARTICULARS

NAME		DOCUMENT TYPE								
_____		<input type="checkbox"/> S/Pink IC <input type="checkbox"/> S/Blue IC <input type="checkbox"/> Passport								
IDENTITY DOCUMENT NO.	FIN (if applicable)	<input type="checkbox"/> Others (please specify):								
_____	_____	_____								
NATIONALITY/CITIZENSHIP	COUNTRY/PLACE OF BIRTH	DATE OF BIRTH (dd/mm/yyyy)								
_____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
RACE	DIALECT GROUP									
_____	_____									
OCCUPATION	QUALIFICATION									
_____	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> 'O' Level <input type="checkbox"/> Others: _____									
MOBILE NO. (local)	EMAIL									
_____	_____									
ADDRESS										

MARRIAGE PARTICULARS

Complete the following if parents are married at time of child's birth:

MARRIAGE CERTIFICATE NO.	COUNTRY/PLACE OF MARRIAGE	DATE OF MARRIAGE (dd/mm/yyyy)								
_____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

Check this box if parents are unmarried at time of child's birth.

INFORMANT'S PARTICULARS

RELATIONSHIP TO CHILD

Mother Father Others (please specify): _____

Complete the following if informant is NOT the child's parent:

NAME		DOCUMENT TYPE
_____		<input type="checkbox"/> S/Pink IC <input type="checkbox"/> S/Blue IC <input type="checkbox"/> Passport
IDENTITY DOCUMENT NO.	FIN (if applicable)	<input type="checkbox"/> Others (please specify):
_____	_____	_____
MOBILE NO. (local)	EMAIL	
_____	_____	

DECLARATION

I acknowledge and declare that:

a) I submit the information in this form for the purpose of birth registration to the Registrar-General of Births and Deaths. If any information is found to be false or misleading, I may be prosecuted under the Registration of Births and Deaths Act 2021 and/or the Penal Code.

b) The information in this birth registration is provided with the knowledge and consent of both parents if they are named in the child's birth certificate.

c) No amendment to the information provided for the child's birth registration will be allowed after it has been submitted.

d) The parents may alter their child's name in his or her birth certificate at a fee before the child turns one year old.

_____	_____
SIGNATURE OF INFORMANT	DATE

FOR OFFICIAL USE

_____	_____
NAME & SIGNATURE OF REGISTRATION OFFICER	DATE