



ICA
Securing Our Borders,
Safeguarding Our Home

BIRTH REGISTRATION FORM

BIRTH CERTIFICATE NO.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

TIME OF BIRTH

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

hours

SEX

Male Female Unknown

PLACE WHERE BIRTH OCCURRED

MOTHER'S PARTICULARS

NAME

DOCUMENT TYPE

IDENTITY DOCUMENT NO.

FIN (if applicable)

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

NATIONALITY/CITIZENSHIP

COUNTRY/PLACE OF BIRTH

DATE OF BIRTH (dd/mm/yyyy)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

RACE

DIALECT

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

| | |
|--|--|
| | |
|--|--|

OCCUPATION

QUALIFICATION

Degree Diploma 'O' Level Others: _____

MOBILE NO. (local)

EMAIL

ADDRESS

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> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| RACE | DIALECT | | | | | | | | | |
| _____ | _____ | | | | | | | | | |
| 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> </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 |

BRF_May2024

Privacy Statement: The ICA collects personal information to administer immigration and registration functions in Singapore. We may share necessary data with other Government agencies (or non-Government entities which have been authorised to carry out specific Government services) to process any applications you have made or to render you a service, so as to serve you in a most efficient and effective way, unless such sharing is prohibited by legislation.