

Date:

To,  
The Medical Records Department  
SQUARE Hospitals Ltd.  
Dhaka-1205

### Application for Birth certificate

Name of Baby (Capital Letter) : \_\_\_\_\_

HN of Baby (Registration No) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Gender (Sex) :                      Birth Time:                      Weight:

Mother's Name (Capital Letter) : \_\_\_\_\_

Father's Name (Capital Letter) : \_\_\_\_\_

Address (Capital Letter) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone/ Mobile No (Cell) : \_\_\_\_\_

Best Regards,

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signature

Relation: