FORM 3

Regulation 8(1)

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)

REGULATIONS, 2015

NOTICE OF BIRTH OF A CHILD

1. Date of birth (dd/mm/yy)…/…/…/ Time of birth ……..
2. Place of birth…….Name of medical facility ……..no. of
   House and name of street …….
   City, Municipality, town or village ……
   District……
3. Name (if any) of child ……
4. Sex of child ……
5. Weight at birth ……...

6 Father

Surname……..

Given Name……Other Names……

7. Address (both physical and postal) …….
   a) Village…….
   b) Parish……...
   c) Sub county ……..
   d) County……
   e) District……
8. Occupation ……..
9. Nationality ……...
10. National Identification Number/Alien Identification Number*

…/…/…/…/…/…/…/…/…/…/…/…/…/…/…/

Mother

11. Name

Surname……..

Given Name……Other Names……

12. Maiden name ……
13. Address

(a) Village…….....

(b) Parish…….....

(c) Sub county…….....

(d) County …….....

(e) District…….....

14. Occupation ……

FORM 3

Regulation 8(1)

16. Parity1 ……

17. Nationality …….

18. National Identification Number/Alien Identification Number*

…/…/…/…/…/…/…/…/…/…/…/…/…/…/…/…/

19. Why was the birth not registered within the prescribed period?*
……

I, ……(name)……, by occupation

residing at ……, in the district of……. in Uganda, declare that the information above, given by me, is true and correct, that I know this of my own knowledge and that my means of knowing this is (briefly state your means of knowledge and the capacity in which you give this information)
……

……

……

Signed by ……. at ……on this ……

day of ……, 20 ……...

…….
Signature of Declarant

In the presence of……..(full name of witness)

Living at …….(full address)

N.B.—
1.All names must be written clearly in block capital letters.
2. All alterations must be initialed.
3.State whether the child is 1st, 2nd or 3rd, etc.
** delete whichever is not applicable.*