

NATIONAL REGISTRATION ACT/ LAMULO LA KALEMBERA WA DZIKO

BIRTH REPORT /KALATA YA CHIDZIWITSO CHA KUBADWA

NR8



WARNING:-In terms of Section 43 of the ACT, any person who furnishes false information or forges any document for the purpose of obtaining registration of Birth of a person shall be guilty of committing an offence./CHENJEZO:- Malingana ndi gawo 43 ya lamulo la kalembere wadziko, aliyense woipeleka umboni wabodza, kapena makalata achinyengo ndicholinga choti alembetse kubadwa kwa mwana adzaimbidwa mulandu.

NOTE: Please read instructions at the back of the form /Welengani malangizo ali kuseli kwa fomuyi.

PART 1 DETAILS OF CHILD GAWO LOYAMBA MBIRI YA MWANA	1	Surname/Dzina la bambo		First name/Dzina loyamba		Other names/Maina ena				
	2	Date of Birth/Tsiku lobadwa:Month/Mwezi.....Year/Chaka.....				3	Sex: Male/Mwamuna <input type="checkbox"/> Female/ Mkazi <input type="checkbox"/>			
	4	Place of birth (Tick the appropriate option and give details)/Malo obadwira (Sankhani malo amodzi oyenerera)								
		a) Hospital/Kuchipatala <input type="checkbox"/>		Name/Dzina la chipatala.....						
	b) Home/Kunyumba <input type="checkbox"/>		Address/Keyala yake.....							
	c) Others/Malo ena <input type="checkbox"/>		Give details/ Fotokozerani							
	5	Birth weight(in Kilogrames)/ Kulemera kwa mwana pobadwa (Kg)		6	Type of Birth/Anabadwa ana angati (Tick the appropriate option and give details)		7	Are the parents of the Child Married to each other?/ Kodi makolo a mwanayu adakwatirana?		
		<input type="text"/>			a) Single/M'modzi <input type="checkbox"/>			YES/INDE <input type="checkbox"/> NO/ AYI <input type="checkbox"/>		
					b) Twin/Mapasa awiri <input type="checkbox"/>			If yes, date of marriage/ Ngati adakwatirana, tchulani tsiku laukwati		
					c) Triplet/Mapasa atatu <input type="checkbox"/>			Day/TsikuMonth/Mwezi.....Year/Chaka.....		
					d) Other (specify)/Mapasa oposerata atatu (Nenani nambala yake.....)					
PART 2 DETAILS OF MOTHER GAWO LACHIWIRI MBIRI YA MAYI AMWANAYU	WOMEN SHOULD USE MAIDEN NAMES / AMAYI GWIRITSANI NTCHITO DZINA LA BAMBO ANU									
	1	Surname/Dzina la bambo anu		First name/Dzina loyamba		Other names/Maina ena		2	ID No./Nambala ya chiphaso cha dziko.....	
	3	Date of Birth/Tsiku lobadwa: Day/Tsiku.....Month/Mwezi.....Year/Chaka.....				4	Nationality/Ndi nzika ya dziko liti?.....			
	5	Physical residential address/Malo amene amakhala District/BomaTA/Mfumu yayikulu.....Village/Town/Mudzi.....								
	6	Home address/Kumudzi kwanu: Village/Town/Mudzi..... TA/Mfumu yayikulu.....District/Boma.....								
	7	Gestational Age at birth (in weeks)/Mwana anabadwa ndi mimba ya masabata angati				8	Mode of delivery/Adachira mu njira yanji			
	9	Month of pregnancy prenatal care begun/Anayamba mwezi wachingati kupita kusikelo ya amayi oyembekezera?					a) SVD/Njira ya bwino bwino <input type="checkbox"/>			
	10	Number of prenatal visits/Kusikelo ya amayi oyembekezera anapita kangati?.....					b) Vacuum Extraction/Yokoka ndi mpweya <input type="checkbox"/>			
	11	Number of children born alive to the mother, including this child / Nambala ya ana amene mayiyu anabadwitsa amoyo, kuphatikizapo mwanayu.....				13	Level of education (Enter completed level of education)/Maphunziro anamalizira pati: (Chongani gawo limene anamaliza bwino bwino)			
	12	Number of children born alive to the mother, and still living/Nambala ya ana amene mayiyu anabeleka ndipo ali moyo mpaka pano.....					a) None/Sanaphunzire <input type="checkbox"/> b) Primary/Pulayimale <input type="checkbox"/>			
							c) Secondary/ Sekondale <input type="checkbox"/>			
							d) Higher education/Anamaliza maphunziro ena oposerata sekondale <input type="checkbox"/>			
PART 3 DETAILS OF FATHER (if known) GAWO LACHITATU MBIRI YA BAMBO AMWANAYU (Ngati akudziwika)	1	Surname/Dzina la bambo		First Name/Dzina loyamba		Other Names/Maina ena		2	ID No./Nambala ya chiphaso cha dziko.....	
	3	Date of Birth/Tsiku lobadwa: Day/Tsiku.....Month/Mwezi.....Year/Chaka.....				4	Nationality/Ndi nzika ya dziko liti?.....			
	5	Physical residential address/Malo amene amakhala District/BomaTA/Mfumu yayikulu.....Village/Town/Mudzi.....								
	6	Home address/Kumudzi kwanu: Village/Town/Mudzi..... TA/Mfumu yayikulu..... District/Boma.....								

ACKNOWLEDGEMENT OF RECEIPT (KUVOMEREZA KUTI NDALANDIRA)

Acknowledge the receipt of birth Report of/Ndikutsimikizira kuti ndalandira chidziwitso cha kubadwa kwa

Surname/Dzina la bambo..... First name/ Dzina loyamba.....Other Names/Maina Ena.....

on/ya Day/Tsiku.....Month/Mwezi.....Year/Chaka

as reported by /limene lapelekedwa ndi.....

Signature/Sainani.....Day/Tsiku.....Month/Mwezi.....Year/Chaka.....

Official Stamp/Chidindo cha boma

PART 4 ACKNOWLEDGMENT OF PATERNITY: A CHILD BORN OUT OF WEDLOCK GAWO LACHINAYI KUVOMEREZA KUTI NDI BAMBO WA MWANA WOBADWA NDI MAYI AMENE SANAKWATIRANE NAYE	Court Order attached/Ndapeleka Chikalata chakukhothi Yes/Inde <input type="checkbox"/> No/Ayi <input type="checkbox"/> OR (Kapena) I hereby declare that I am the natural father of the above child/Ndikuvomereza komanso kulengeza kuti ndine bambo wamwanayu womubeleka Initials & Surname/ Maina a bambo Signature/Sainani I D No/Nambala ya chiphaso cha dziko. Date/Tsiku:DD/Tsiku.....MM/Mwezi.....Year/Chaka..... Mother's permission to the acknowledgement of Paternity /Kuvomereza kwa mayi zabambo wamwanayu Initials & Surname/ Maina a bambo Signature/Sainani I D No/Nambala ya chiphaso cha dziko. Date/Tsiku:DD/Tsiku.....MM/Mwezi.....Year/Chaka.....						
PART 5 INFORMANTS DETAILS GAWO LACHISANU MBIRI YA AMENE WALEMBETSA ZA MWANAYU	<table border="1"> <tr> <td data-bbox="268 392 1292 459"> 1 Surname/Dzina la bambo First name/Dzina loyamba Other names/Maina ena </td> <td data-bbox="1292 392 1567 459"> 2 ID No./Nambala ya chiphaso cha dziko..... </td> </tr> <tr> <td colspan="2" data-bbox="268 459 1567 526"> 2 Relationship to child /Pali ubale wanji ndi mwanayu? </td> </tr> <tr> <td colspan="2" data-bbox="268 526 1567 842"> 3 Address/Malo amene amakhala District/BomaTA/Mfumu yayikulu.....Village/Town/Mudzi..... Postal Address/Keyala..... Telephone Number/Nambala ya Foni..... I certify that the above information is correct and I am aware that I could face criminal prosecution if this information is incorrect in material respect/Ndikutsimikizira kuti zomwe zalembedwa pamwambazi ndi zolondola, ndipo ndikudziwa kuti ngati ndapeleka zabodza ndidzaimbidwa mulandu. Date/Tsiku: Day/Tsiku..... Month/Mwezi.....Year/Chaka.....Signature/Thumb mark of Informant/..... Sainani kapena Dindani ndi cha chala chachikulu </td> </tr> </table>	1 Surname/Dzina la bambo First name/Dzina loyamba Other names/Maina ena	2 ID No./Nambala ya chiphaso cha dziko.....	2 Relationship to child /Pali ubale wanji ndi mwanayu?		3 Address/Malo amene amakhala District/BomaTA/Mfumu yayikulu.....Village/Town/Mudzi..... Postal Address/Keyala..... Telephone Number/Nambala ya Foni..... I certify that the above information is correct and I am aware that I could face criminal prosecution if this information is incorrect in material respect/Ndikutsimikizira kuti zomwe zalembedwa pamwambazi ndi zolondola, ndipo ndikudziwa kuti ngati ndapeleka zabodza ndidzaimbidwa mulandu. Date/Tsiku: Day/Tsiku..... Month/Mwezi.....Year/Chaka.....Signature/Thumb mark of Informant/..... Sainani kapena Dindani ndi cha chala chachikulu	
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VERIFICATION BY VILLAGE HEADMAN AND A SENIOR MEMBER OF THE VILLAGE/ KUTSIMIKIZIRA KWAA NYAKWAWA NDI MUNTHU WINA WACHIKULIRE WAM'MUDZIMO	
We, Village Headman/Ife, Nyakwawa and/ndiSenior Member of the Village/Wachikulire wa m'mudzi waT/A/Mfumu yaikulu District/Boma lahereby certify that the information given above in relation to the Informant and the child in question is correct to the best of my knowledge and belief/tikutsimikizira kuti zimene zalembedwa pamwambazi, zokhudzana ndi mbiri ya munthu amene walembetsayu ndi wobadwayo ndizoona Signed: or Thumb print/Sainani kapena dindani ndichala chachikulu. Date: Day/Tsiku..... Month/Mwezi.....Year/Chaka..... VILLAGE HEADMAN/NYAKWAWA Signed or Thumb print /Sainani kapena dindani ndichala chachikulu Date: Day/Tsiku..... Month/Mwezi.....Year/Chaka..... SENIOR MEMBER OF THE VILLAGE/MUNTHU WACHIKULIRE WA M'MUDZI	

VERIFICATION BY A RELIGIOUS INSTITUTION (KUTSIMIKIZIRA KWAA ACHIPEMBEDZO)	
I/Ine Cleric of/Mtsogoleri wa mpingo wa (Institution/Dzina la mpingo)....., hereby certify that the information given above in relation to the birth of the child in question is correct to the best of my knowledge and belief/ndikutsimikizira kuti zimene zalembedwa pamwambazi zokhudzana ndi mbiri ya mwana wobadwayo ndizoona. Signed (Sainani): Date: Day/Tsiku..... Month/Mwezi.....Year/Chaka..... Name/Dzina Title/Udindo Specify Religious Body / Dzina la Mpingo.....	

FOR OFFICIAL USE ONLY/ PALEMBEDWE NDI AKU OFESI BASI RECOMMENDATION BY THE DISTRICT REGISTRAR	
I hereby state that I have checked this application and certify that the same has been duly completed in accordance with the National Registration Act and the Regulations thereof to the best of my knowledge and information Signature with Stamp Date of Registration: Day.....Month.....20..... Birth Register Entry Number	

INSTRUCTIONS/MALANGIZO	
1. Complete the form in capital letters and tick (✓) in appropriate box/Lembani ndi malemba akuluakulu ndipo chongani malo oyenerera. 2. Address should include Village/Town/Traditional Authority/District/ Keyala itchule Mudzi/Tauni/Mfumu yaikulu/Boma. 3. Type of birth: for twins, write 1 of 2 for first birth; 2 of 2 for second birth etc./Ana akabadwa mapasa, lembani: 1 of 2 kwa oyamba kubadwa; 2 of 2 kwa wachiwiri kubadwa etc. 4. Informant may be mother/father/close relative/ Wolembetsa mwana akuyenera kukhala mayi/bambo/wachibale	