



BIRTH CERTIFICATE
THE REGISTRATION OF PERSONS ACT, 2015



213 50

Birth in the Subcounty/City/Municipality/Township/Hospital of in the Republic of Uganda		MAKINDYE DIVISION		County of		KAMPALA CAPITAL CITY		in the District of KAMPALA	
Reg. No.	Date and time of birth	Place of birth	Surname and Other names	Sex	Full name of father	Full name and maiden name of mother	Nationality of parents	National identification number/ Alien identification number of parents and child. (Where Applicable)	Name if added after registration of birth
							<u>FATHER</u>		
							<u>MOTHER</u>		

I, ROSE KISUULE the Registration officer of births and deaths for Uganda, certify that this is a true copy of the return/register of births for the birth and death registration district of the Subcounty/City/Municipality/Township/Hospital of
County of
on

ROSE KISUULE
Registration Officer

Fee: Shs. 5000

This certificate is not conclusive proof of the paternity of the child or of the nationality either of the father, mother or the child.

Issued by NIRA