

**KINGDOM OF CAMBODIA**

**Nation Religion King**

*(National Coat of Arms)*

**3**

**LIVE BIRTH RECORD**

<b>About the Person Born</b>			
Surname			
First Name			
Sex			
Nationality			
Date of Birth			
Place of Birth			
Date of Registration			
Place of Registration			
Time of Birth			
Weight at Birth			
Order of birth			
Type of Birth			
Type of Place of Birth			
Birth Attendant			
<b>About Parents</b>	<b>Father</b>	<b>Mother</b>	
Surname and Given Name			
Nationality			
Date of Birth			
Status (Alive or Deceased)			
Place of Birth			
Current Residence			
Unique Identification Code			
<b>About the Informant</b>			
Relationship to the person born			
Surname and Given Name		Sex	
Date of Birth		Nationality	
Current Residence			
Unique Identification Code		<i>(Stamp)</i>	

Registration Number: CBXX-XXXXX  
 Unique Identification Code: XXX-XXX-XXXX

*(QR Code)*

Lunar Day: ....., lunar Month: ....., in the year of .....,  
 .....saka, BE 25...

Done in ....., 20.....

**Civil Registrar**

**Right Thumbprint of the Informant**

Name: .....

**KINGDOM OF CAMBODIA**

**Nation Religion King**

*(National Coat of Arms)*

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**DEATH RECORD**

<b>About the Deceased</b>			
Surname			
First Name			
Sex			
Nationality			
Date of Birth			
Place of Birth			
Date of Death			
Place of Death			
Date of Registration			
Place of Registration			
Time of Death			
Current Residence			
Type of Death			
Type of Place of Death			
Marital Status			
Unique Identification Code			
<b>About the Parents</b>		<b>Father</b>	<b>Mother</b>
Surname and Given Name			
Nationality			
Date of Birth			
Status (Alive or Deceased)			
Unique Identification Code			
<b>About the Informant</b>			
Relationship to the Deceased			
Surname and Given Name		Sex	
Date of Birth		Nationality	
Current Residence			
Unique Identification Code		<i>(Stamp)</i>	

Registration Number: CDXX-XXXXX

*(QR Code)*

**Right Thumbprint of the Informant**

Name: .....

Lunar Day: ....., lunar Month: ....., in the year of .....,  
.....saka, BE 25...

Done in ....., 20.....

**Civil Registrar**

**KINGDOM OF CAMBODIA**

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**MARRIAGE RECORD**

<b>About the Husband</b>		
Surname		
First Name		
Nationality		
Date of Birth		
Place of Birth		
Current Residence		
Unique Identification Code		
<b>About the Wife</b>		
Surname		
Given Name		
Nationality		
Date of Birth		
Place of Birth		
Current Residence		
Unique Identification Code		
<b>Marriage Announcement and Marriage Registration</b>		
Number, Date of Marriage Announcement		
Date of Registration		
Place of Registration		
<b>About the Husband's Parents</b>	<b>Father</b>	<b>Mother</b>
Surname and Given Name		
Nationality		
Date of Birth		
Status (Alive or Deceased)		
Unique Identification Code		
<b>About the Wife's Parents</b>	<b>Father</b>	<b>Mother</b>
Surname and Given Name		
Nationality		
Date of Birth		
Status (Alive or Deceased)		
Unique Identification Code		
<b>About the Witnesses</b>	<b>1<sup>st</sup> Witness</b>	<b>2<sup>nd</sup> Witness</b>
Surname and Given Name		
Sex		
Nationality		
Date of Birth		
Unique Identification Code		<i>(Stamp)</i>

Registration Number: CMXX-XXXXX

*(QR Code)*

**Right Thumbprints**

**Husband**

**Wife**

**1<sup>st</sup> Witness**

**2<sup>nd</sup> Witness**

Name: .....      .....      .....      .....

Lunar Day: ....., lunar Month: ....., in the  
year of ....., .....saka, BE 25...

Done in ....., .....  
20.....

**Civil Registrar**

**KINGDOM OF CAMBODIA**

**Nation Religion King**

*(National Coat of Arms)*

**3**

**CERTIFICATE OF BIRTH**

Surname

First Name

Sex

Nationality

Date of Birth

Place of Birth

Date of Registration

Place of Registration

Father's Name

Nationality

Date of Birth

Place of Birth

Mother's Name

Nationality

Date of Birth

Place of Birth

*(Stamp)*

Registration Number: CBXX-XXXXX

Lunar Day: ....., lunar Month: ....., in the year of .....,

Unique Identification Code: XXX-XXX-XXXX

BE. 25...

*(QR Code)*

Done in ....., ..... 20.....

**Civil Registrar**

*(Initials)*

**KINGDOM OF CAMBODIA**

**Nation Religion King**

*(National Coat of Arms)*

**3**

**CERTIFICATE OF DEATH**

Surname

First Name

Sex

Nationality

Date of Birth

Place of Birth

Date of Death

Place of Death

Date of Registration

Place of Registration

*(Stamp)*

Registration Number: CDXX-XXXXX

Lunar Day: ....., lunar Month: ....., in the year of ....., BE. 25...

*(QR Code)*

Done in ....., ..... 20.....

**Civil Registrar**

*(Initials)*

**KINGDOM OF CAMBODIA**

**Nation Religion King**

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**3**

**CERTIFICATE OF MARRIAGE**

Husband Surname

Husband First Name

Nationality

Date of Birth

Place of Birth

Wife Surname

Wife First Name

Nationality

Date of Birth

Place of Birth

Date of Registration

Place of Registration

*(Stamp)*

Registration Number: CMXX-XXXXX

*(QR Code)*

Lunar Day: ....., lunar Month: ....., in the year of ....., BE. 25...

Done in ....., ..... 20.....

**Civil Registrar**

*(Initials)*

**KINGDOM OF CAMBODIA**

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**3**

**COPY OF BIRTH CERTIFICATE**

Surname

First Name

Sex

Nationality

Date of Birth

Place of Birth

Date of Registration

Place of Registration

Father's Name

Nationality

Date of Birth

Place of Birth

Mother's Name

Nationality

Date of Birth

Place of Birth

*(Stamp)*

No. .... CBC

Registration Number: CBXX-XXXXX

Lunar Day: ....., lunar Month: ....., in the year of .....,

Unique Identification Code: XXX-XXX-XXXX

BE. 25...

*(QR Code)*

Done in ....., ..... 20.....

**Civil Registrar**

*(Initials)*

**KINGDOM OF CAMBODIA**

**Nation Religion King**

*(National Coat of Arms)*

**3**

**COPY OF DEATH CERTIFICATE**

Surname

First Name

Sex

Nationality

Date of Birth

Place of Birth

Date of Death

Place of Death

Date of Registration

Place of Registration

*(Stamp)*

No. .... CDC

Registration Number: CDXX-XXXXX

Lunar Day: ....., lunar Month: ....., in the year of ....., BE. 25...

*(QR Code)*

Done in ....., ..... 20.....

**Civil Registrar**

*(Initials)*

**KINGDOM OF CAMBODIA**

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**COPY OF MARRIAGE CERTIFICATE**

Husband Surname

Husband First Name

Nationality

Date of Birth

Place of Birth

Wife Surname

Wife First Name

Nationality

Date of Birth

Place of Birth

Date of Registration

Place of Registration

*(Stamp)*

No. .... CMC

Registration Number: CMXX-XXXXX

Lunar Day: ....., lunar Month: ....., in the year of ....., BE. 25...

*(QR Code)*

Done in ....., 20.....

**Civil Registrar**

*(Initials)*

**KINGDOM OF CAMBODIA**

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*(National Coat of Arms)*

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**EXTRACT OF LIVE BIRTH RECORD**

<b>About the Person Born</b>			
Surname			
First Name			
Sex			
Nationality			
Date of Birth			
Place of Birth			
Date of Registration			
Place of Registration			
Time of Birth			
Weight at Birth			
Order of Birth			
Type of Birth			
Type of Place of Birth			
Birth Attendant			
<b>About the Parents</b>		<b>Father</b>	<b>Mother</b>
Surname and Given Name			
Nationality			
Date of Birth			
Status (Alive or Deceased)			
Place of Birth			
Current Residence			
<b>About the Informant</b>			
Relationship to the person born			
Surname and Given Name		Sex	
Date of Birth		Nationality	
Current Residence			

*(Stamp)*

Registration Number: CBXX-XXXXX

*(QR Code)*

No. .... E.B.

Lunar Day: ....., lunar Month: ....., in the year of .....,  
.....saka, BE 25...

Done in ....., ..... 20.....

**Civil Registrar**

**KINGDOM OF CAMBODIA**

**Nation Religion King**

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**EXTRACT OF DEATH RECORD**

<b>About the Deceased</b>			
Surname			
First Name			
Sex			
Nationality			
Date of Birth			
Place of Birth			
Date of Death			
Place of Death			
Date of Registration			
Place of Registration			
Time of Death			
Current Residence			
Type of Death			
Type of Place of Death			
Marital Status			
<b>About the Parents</b>	<b>Father</b>	<b>Mother</b>	
Surname and Given Name			
Nationality			
Date of Birth			
Status (Alive or Deceased)			
<b>About the Informant</b>			
Relationship to the Deceased			
Surname and Given Name		Sex	
Date of Birth		Nationality	
Current Residence	<i>(Stamp)</i>		

Registration Number: CDXX-XXXXX

*(QR Code)*

No. .... E.D.

Lunar Day: ....., lunar Month: ....., in the year of .....,  
.....saka, BE 25...

Done in ....., ..... 20.....

**Civil Registrar**

**KINGDOM OF CAMBODIA**

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**EXTRACT OF MARRIAGE RECORD**

<b>About the Husband</b>		
Surname		
First Name		
Nationality		
Date of Birth		
Place of Birth		
Current Residence		
<b>About the Wife</b>		
Surname		
First Name		
Nationality		
Date of Birth		
Place of Birth		
Current Residence		
<b>Marriage Announcement and Marriage Registration</b>		
Number, Date of Marriage Announcement		
Date of Registration		
Place of Registration		
<b>About the Husband's Parents</b>	<b>Father</b>	<b>Mother</b>
Surname and Given Name		
Nationality		
Date of Birth		
Status (Alive or Deceased)		
<b>About the Wife's Parents</b>	<b>Father</b>	<b>Mother</b>
Surname and Given Name		
Nationality		
Date of Birth		
Status (Alive or Deceased)		
<b>About the Witnesses</b>	<b>1<sup>st</sup> Witness</b>	<b>2<sup>nd</sup> Witness</b>
Surname and Given Name		

Sex		
Nationality		
Date of Birth		
Current Address		<i>(Stamp)</i>

Registration Number: CMXX-XXXXX

*(QR Code)*

**Right Thumbprints**

No. .... E.M.

Lunar Day: ....., lunar Month: ....., in the  
year of ....., .....saka, BE 25...

Done in ....., ..... 20.....

**Civil Registrar**

**KINGDOM OF CAMBODIA**

**Nation Religion King**

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**LIVE BIRTH REGISTRATION APPLICATION**

<b>Regard to</b>		<b>Civil Registrar</b>	
Subject		Live Birth Registration Application	
<b>About the Newborn</b>			
Surname		.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name		.....	
Surname	In Latin	.....	Is the ... Child
Given Name		.....	
Ethnicity		<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Others (Please specify): .....	
Nationality		<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Others (Please specify): .....	
Date of Birth		DD-MM-YYYY	
Time of Birth (24 Hours)		..... (hour) : ..... (minute)	
Type of Place of Birth		<input type="checkbox"/> National Hospital <input type="checkbox"/> Capital/Provincial Referral Hospital <input type="checkbox"/> Municipal/District/Khan Referral Hospital <input type="checkbox"/> Health Center <input type="checkbox"/> Health Post <input type="checkbox"/> Private Health Facility <input type="checkbox"/> Home <input type="checkbox"/> Other (Please specify): .....	
Place of Birth		<input type="checkbox"/> For Place of Birth Within the Country, please fill out the following information: Village: .....    Commune/Sangkat: ..... Municipality/District/Khan: .....    Capital/Province: ..... Country: ..... <input type="checkbox"/> Place of Birth Abroad (Please specify the name of the country): .....	
Type of Birth		<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Quadruplet <input type="checkbox"/> Other (Please specify): .....	
<b>About Parents of the Newborn</b>		<b>Father</b>	
Surname			
Given Name			
Ethnicity		<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Nationality		<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Religion		.....	
Date of birth		DD-MM-YYYY	
Status (Alive or Deceased)		<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	
Place of birth		Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....

Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
Level of Education	<input type="checkbox"/> Uneducated <input type="checkbox"/> Primary School <input type="checkbox"/> Lower Secondary School <input type="checkbox"/> Upper Secondary School <input type="checkbox"/> Higher Education <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Uneducated <input type="checkbox"/> Primary School <input type="checkbox"/> Lower Secondary School <input type="checkbox"/> Upper Secondary School <input type="checkbox"/> Higher Education <input type="checkbox"/> Other (Please specify): .....
Occupation	.....	.....
Marital Status of the Mother	<input type="checkbox"/> With Marriage Certificate	<input type="checkbox"/> Without Marriage Certificate
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	.....
<b>Birth Registration During or After 1-Year Grace Period</b>		
<input type="checkbox"/> In the event of birth registration during the 1-Year Grace Period after the occurrence of a live birth, please specify the reason for not applying for registration within 30 days:		
In the event of live birth registration after 1-year grace period after the occurrence of live birth:		
1) Please specify the reason for not applying for registration during the 1-year grace period:		
2) Assurance by one witness who is aware of the event; please fill out the witness's information as follows:		
Surname	.....	Sex: <input type="checkbox"/> Male
Given Name	.....	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	
Date of Birth	DD-MM-YYYY	
Current Residence	House No. .... Street ..... Commune/Sangkat: ..... Capital/Province: .....	Village: ..... Municipality/District/Khan: ..... Country: .....
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	
Right thumbprint of the witness	Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...	

	....., ..... 20... <i>(Stamp)</i>	
	Name: .....	
<b>About the Informant</b>		
Relationship to the Newborn: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please Specify): .....		
If the informant is neither the mother nor the father, please fill out the following information:		
Surname	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name	.....	
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Others (Please specify): .....	
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Others (Please specify): .....	
Date of Birth	DD-MM-YYYY	
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	
Informant's Telephone Number	.....	
Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Application Receiving Officer</b>  Name: .....	I hereby confirm that all the above information is true. Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Right Thumbprint of the Informant</b>  Name: .....	

**Supporting Documents for Live Birth Registration:**

1. Document attesting to live birth

- Notice of live birth issued by a health facility, or
- Child health card, or
- Letter attesting to live birth issued by the chief of the village where the infant was born, or
- Birth certificate from the country where the infant was born, or
- Other evidentiary documents proving the live birth

2. Identity document of the mother, father, witness and informant

- For Cambodians:
  - Birth Certificate, or  Copy of Birth Certificate of the  Father  Mother  Witness  Informant, or
  - Khmer Identity Card of the  Father  Mother  Witness  Informant, or

- Passport of the  Father  Mother  Witness  Informant, or
- Letter Attesting to Personal Identity of the  Father  Mother  Witness  Informant, and
- Residence Book or  Family Record Book or  Certificate of Residence  Other documents  
attesting to residence of the  Father  Mother  Informant
- For Foreigners:
  - Birth Certificate of the  Father  Mother  Witness  Informant, or
  - Passport of the  Father  Mother  Witness  Informant, or
  - Permanent Resident Card for Foreign Immigrant of the  Father  Mother  Witness  Informant, or
  - Other identity documents issued by the country concerned or its embassy of the  
 Father  Mother  Witness  Informant, and
  - Residence Book, or  Certificate of Residence or  Other documents attesting to residence of the  
 Father  Mother  Informant

3. Document Attesting to Paternity

- Marriage Certificate of the Parents or  Copy of Marriage Certificate of the Parents, or
- Voluntary Acknowledgement Form, or
- Court Decision on Child Acknowledgement, or
- Voluntary acknowledgement, with consent of the mother at the time of registration, before the civil registrar

*(Stamp)*

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**APPLICATION FOR DEATH REGISTRATION**

<b>Regard to</b>		<b>Civil Registrar</b>	
Subject		Application for Death Registration	
<b>About the Deceased</b>			
Surname		.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name		.....	
Surname	In Latin	.....	
Given Name		.....	
Ethnicity		<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Others (Please specify): .....	
Nationality		<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Others (Please specify): .....	
Religion		.....	
Date of Birth		DD-MM-YYYY	
Place of Birth		<input type="checkbox"/> For Place of Birth Within the Country, please fill out the following information: Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	
		<input type="checkbox"/> For Place of Birth Abroad (Please specify the name of the country): .....	
Date of Death		DD-MM-YYYY	
Time of Death (24 Hours)		..... (hour) : ..... (minute)	
Type of Place of Death		<input type="checkbox"/> National Hospital <input type="checkbox"/> Capital/Provincial Referral Hospital <input type="checkbox"/> Municipal/District/Khan Referral Hospital <input type="checkbox"/> Health Center <input type="checkbox"/> Health Post <input type="checkbox"/> Private Health Facility <input type="checkbox"/> Home <input type="checkbox"/> Other (Please specify): .....	
		<input type="checkbox"/> For Place of Death Within the Country, please fill out the following information: Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	
Place of Death		<input type="checkbox"/> Place of Death Abroad (Please specify the name of the country): .....	
		<input type="checkbox"/> Current Residence <input type="checkbox"/> Current Residence of the Mother (the deceased is a baby under 1 year old)	
House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....			
Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Marriage registered <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Divorced Woman <input type="checkbox"/> Divorced Man <input type="checkbox"/> Cohabitated	
		<input type="checkbox"/> Uneducated <input type="checkbox"/> Primary School <input type="checkbox"/> Lower Secondary School <input type="checkbox"/> Upper Secondary School <input type="checkbox"/> Higher Education <input type="checkbox"/> Other (Please specify): .....	
Level of Education			

Occupation	.....	
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	
Place of Cremation or Burial	Village: ..... Municipality/District/Khan: ..... Country: .....	Commune/Sangkat: ..... Capital/Province: .....
Date and Time of Cremation or Burial (24 hours)	DD-MM-YYYY ..... (hour) : ..... (minute)	
<b>About the Parents of the Deceased</b>	<b>Father</b>	<b>Mother</b>
Surname		
Given Name		
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Date of birth	DD-MM-YYYY	DD-MM-YYYY
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	.....
<b>Death Registration During or After 1-Year Grace Period</b>		
<input type="checkbox"/> In the event of death registration during the 1-Year Grace Period after the occurrence of the death, please specify the reason for not applying for registration within 15 days: .....		
In the event of death registration after 1-year grace period after the occurrence of the death: 1) Please specify the reason for not applying for registration during the 1-year grace period: ..... 2) Assurance by one witness who is aware of the event; please fill out the witness's information as follows:		
Surname	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name	.....	
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	
Date of Birth	DD-MM-YYYY	

Current Residence	House No. .... Street ..... Village: .....	Commune/Sangkat: ..... Municipality/District/Khan: .....	Capital/Province: ..... Country: .....
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....		
Right thumbprint of the witness	Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20...  Name: .....		
<b>About the Informant</b>			
Relationship to the Deceased: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Other (Please Specify): .....			
If the informant is neither the mother nor the father, please fill out the following information:			
Surname	.....		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name	.....		
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Others (Please specify): .....		
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Others (Please specify): .....		
Date of Birth	DD-MM-YYYY		
Current Residence	House No. .... Street ..... Village: .....	Commune/Sangkat: ..... Municipality/District/Khan: .....	Capital/Province: ..... Country: .....
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....		
Informant's Telephone Number	.....		
Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Application Receiving Officer</b>  Name: .....		I hereby confirm that all the information above is true. Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Right Thumbprint of the Informant</b>  Name: .....	

**Supporting Documents for Death Registration:**

1. Document attesting to the death

- Notice of death issued by a health facility, or
- Death certificate from the country where the death occurred, or
- Other evidentiary documents proving the death.

2. Identity document of the deceased, witness and informant

For Cambodians:

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> Birth Certificate, or                        | <input type="checkbox"/> Copy of Birth Certificate of the | <input type="checkbox"/> Deceased                    | <input type="checkbox"/> Witness         | <input type="checkbox"/> Informant, and/or |
| <input type="checkbox"/> Khmer Identity Card of the                   |   | <input type="checkbox"/> Deceased                    | <input type="checkbox"/> Witness         | <input type="checkbox"/> Informant, or     |
| <input type="checkbox"/> Passport of the                              |   | <input type="checkbox"/> Deceased                    | <input type="checkbox"/> Witness         | <input type="checkbox"/> Informant, or     |
| <input type="checkbox"/> Letter Attesting to Personal Identity of the |   | <input type="checkbox"/> Deceased                    | <input type="checkbox"/> Witness         | <input type="checkbox"/> Informant, or     |
| <input type="checkbox"/> Other Identity Documents of the              |   | <input type="checkbox"/> Deceased                    | <input type="checkbox"/> Witness         | <input type="checkbox"/> Informant, and    |
| <input type="checkbox"/> Residence Book or                            | <input type="checkbox"/> Family Record Book or            | <input type="checkbox"/> Certificate of Residence or | <input type="checkbox"/> Other documents | attesting to residence of the deceased.    |

For Foreigners:

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Birth Certificate of the                             |  | <input type="checkbox"/> Deceased        | <input type="checkbox"/> Witness        | <input type="checkbox"/> Informant, or  |
| <input type="checkbox"/> Passport of the                                      |  | <input type="checkbox"/> Deceased        | <input type="checkbox"/> Witness        | <input type="checkbox"/> Informant, or  |
| <input type="checkbox"/> Permanent Resident Card for Foreign Immigrant of the |  | <input type="checkbox"/> Deceased        | <input type="checkbox"/> Witness        | <input type="checkbox"/> Informant, or  |
| <input type="checkbox"/> Other Identity Documents of the                      |  | <input type="checkbox"/> Deceased        | <input type="checkbox"/> Witness        | <input type="checkbox"/> Informant, and |
| <input type="checkbox"/> Residence Book, or                                   | <input type="checkbox"/> Certificate of Residence or | <input type="checkbox"/> Other documents | attesting to residence of the deceased. |   |

*(Stamp)*

**KINGDOM OF CAMBODIA**  
**Nation Religion King**  
**3**  
**CREMATION OR BURIAL PERMIT**

**Reference :** Application for Death Registration of ....., dated .....;  
**The Civil Registrar of .....**

Hereby authorizes the cremation or burial of the deceased with the following identity:

Surname and Given Name of the Deceased : ..... Sex : .....

Name in Latin : ..... Nationality : .....

Date of Birth : .....

Place of Birth : .....

Date of Death : .....

Place of Death : .....

Current Residence : .....

Place of Cremation or Burial : .....

Date and Time of Cremation or Burial : ..... Time : .....

Place of Issuance of the Permit : .....

Competent entities are requested to acknowledge this permit and cooperate.

No. .... P.  
Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...  
....., ..... 20...

**Civil Registrar**

*(QR Code)*

*(Initials)*

**KINGDOM OF CAMBODIA**  
**Nation Religion King**  
**3**  
**MARRIAGE APPLICATION**

<b>Regard to</b>		<b>Civil Registrar</b>	
Subject		Application for Marriage	
<b>About the Man and the Woman</b>		<b>Man</b>	<b>Woman</b>
Surname		.....	.....
Given Name		.....	.....
Surname	In Latin	.....	.....
Given Name		.....	.....
Ethnicity		<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Nationality		<input type="checkbox"/> Khmer <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Other (Please specify): .....
Religion		.....	.....
Date of Birth		DD-MM-YYYY	DD-MM-YYYY
Place of Birth		<input type="checkbox"/> For Place of Birth Within the Country, please fill out the following information: Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	<input type="checkbox"/> For Place of Birth Within the Country, please fill out the following information: Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
		<input type="checkbox"/> Place of Birth Abroad (Please specify the name of the country): .....	<input type="checkbox"/> Place of Birth Abroad (Please specify the name of the country): .....
Current Residence		House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
Level of Education		<input type="checkbox"/> Uneducated <input type="checkbox"/> Primary School <input type="checkbox"/> Lower Secondary School <input type="checkbox"/> Upper Secondary School <input type="checkbox"/> Higher Education <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Uneducated <input type="checkbox"/> Primary School <input type="checkbox"/> Lower Secondary School <input type="checkbox"/> Upper Secondary School <input type="checkbox"/> Higher Education <input type="checkbox"/> Other (Please specify): .....
Occupation		.....	.....

<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	.....
<b>About the Father of the</b>	<b>Man</b>	<b>Woman</b>
Surname		
Given Name		
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Date of birth	DD-MM-YYYY	DD-MM-YYYY
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	.....
<b>About the Mother of the</b>	<b>Man</b>	<b>Woman</b>
Surname		
Given Name		
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Date of birth	DD-MM-YYYY	DD-MM-YYYY
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or	.....	.....



**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**



**MARRIAGE ANNOUNCEMENT**

<b>About the Man and the Woman</b>		<b>Man</b>	<b>Woman</b>
Surname			
Given Name			
Surname	In Latin		
Given Name			
Nationality			
Date of Birth			
Place of Birth			
Current Residence			
Place of Issuance of the Announcement			
<b>About the Father of the</b>		<b>Man</b>	<b>Woman</b>
Surname and Given Name			
Nationality			
Date of birth			
Status (Alive or Deceased)			
<b>About the Mother of the</b>		<b>Man</b>	<b>Woman</b>
Surname and Given Name			
Nationality			
Date of birth			
Status (Alive or Deceased)			

This Marriage Announcement shall be posted in public on: ..... (day) ..... (month) ..... (year)

Time Period for Objection : 10 days from the date of public post of the marriage announcement.

Time Period for Marriage Registration : 6 months after the date of application for marriage. (Stamp)

No. .... M.A.

Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...

....., ..... 20...

**Civil Registrar**

(QR Code)

(Initials)

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**APPLICATION FOR CERTIFICATE OF SINGLEHOOD OR WIDOWHOOD OR WIDOWERHOOD**

<b>Regard to</b>	<b>Civil Registrar</b>	
Subject	Application for Certificate of <input type="checkbox"/> Singlehood <input type="checkbox"/> Widowhood <input type="checkbox"/> Widowerhood Number: ..... Copies	
Surname and Given Name of the Person Concerned	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name in Latin	.....	Nationality: .....
Date of Birth	DD-MM-YYYY	
Place of Birth	Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number	.....	
Reason for the Application	<input type="checkbox"/> Marriage <input type="checkbox"/> Other, please specify: .....	
Assurance of the Person Concerned	I am truly <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Widowed	
Telephone Number of the Person Concerned	.....	
Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Application Receiving Officer</b>	Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Right Thumbprint of the Person Concerned</b>	
Name: .....	Name: .....	

**Supporting Documents for the Application for Certificate of Singlehood, Widowhood or Widowerhood:**

- Birth Certificate, or  Copy of Birth Certificate or
- Khmer Identity Card or
- Passport or
- Letter Attesting to Personal Identity and
- Residence Book or  Family Record Book or  Certificate of Residence or
- Other documents attesting to residence of Khmer citizens living abroad
- Court Decision on Divorce, Annulment or Dissolution of Marriage or
- Certificate of Divorce, Annulment or Dissolution of Marriage or

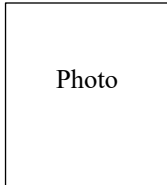
(Stamp)

Death Certificate or  Copy of Marriage Certificate of the Spouse

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**



**CERTIFICATE OF SINGLEHOOD  WIDOWHOOD  WIDOWRHOOD**

**Reference :** Application filed by ....., dated DD-MM-YYYY

**The ..... Civil Registrar**

**Hereby certifies that**

Surname and Given Name of the Person Concerned : ..... Sex : .....

Name in Latin : ..... Nationality : .....

Date of Birth : .....

Place of Birth : .....

Current Residence : .....

Current Status : Truly  Single  Widowed  Widowed

Reason for the Application :  Marriage  Others .....

Validity of the Certificate : 3 months from the date of signature

Place of Issuance of the Certificate : .....

No. .... C.

Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...  
....., ..... 20...

**Civil Registrar**

*(QR Code)*

*(Stamp)*

*(Initials)*

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**APPLICATION FOR RECOGNITION OF MARRIAGE OF CITIZEN OF CAMBODIA ABROAD**

<b>Regard to</b>		<b>Civil Registrar</b>		
Subject		Application for Recognition of Marriage of Citizen of Cambodia Abroad		
<b>About Husband and Wife</b>		<b>Husband</b>	<b>Wife</b>	
Surname		.....	.....	
Given Name		.....	.....	
Surname	In Latin	.....	.....	
Given Name		.....	.....	
Ethnicity		<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	
Nationality		Khmer	Khmer	
Religion		.....	.....	
Date of Birth		DD-MM-YYYY	DD-MM-YYYY	
Place of Birth	<input type="checkbox"/> For Place of Birth Within the Country, please fill out the following information: Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....		<input type="checkbox"/> For Place of Birth Within the Country, please fill out the following information: Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	
	<input type="checkbox"/> For Place of Birth Abroad (Please specify the name of the country): .....		<input type="checkbox"/> For Place of Birth Abroad (Please specify the name of the country): .....	
Current Residence		House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	
Level of Education		<input type="checkbox"/> Uneducated <input type="checkbox"/> Primary School <input type="checkbox"/> Lower Secondary School <input type="checkbox"/> Upper Secondary School <input type="checkbox"/> Higher Education <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Uneducated <input type="checkbox"/> Primary School <input type="checkbox"/> Lower Secondary School <input type="checkbox"/> Upper Secondary School <input type="checkbox"/> Higher Education <input type="checkbox"/> Other (Please specify): .....	
Occupation		.....	.....(Stamp)	

<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number	.....	.....
Date of Marriage Registration Abroad	DD-MM-YYYY	DD-MM-YYYY
Place of Marriage Registration Abroad	.....	.....
<b>About the Father of the</b>	<b>Husband</b>	<b>Wife</b>
Surname	.....	.....
Given Name	.....	.....
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Date of birth	DD-MM-YYYY	DD-MM-YYYY
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
<input type="checkbox"/> Unique Identification Code, or <input type="checkbox"/> Khmer Identity Card Number, or <input type="checkbox"/> Passport Number, or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	.....
<b>About the Mother of the</b>	<b>Husband</b>	<b>Wife</b>
Surname	.....	.....
Given Name	.....	.....
Ethnicity	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Nationality	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....	<input type="checkbox"/> Khmer <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Please specify): .....
Date of birth	DD-MM-YYYY	DD-MM-YYYY
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
<input type="checkbox"/> Unique Identification Code, or	.....	..... <i>(Stamp)</i>



**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**APPLICATION FOR COPIES OF CIVIL REGISTRATION CERTIFICATES AND EXTRACTS OF CIVIL REGISTRATION RECORDS**

<b>Regard to</b>	<b>Civil Registrar</b>	
Subject	<input type="checkbox"/> Application for copies of ..... certificate, Number: ..... Copies <input type="checkbox"/> Application for extracts of ..... record, Number: ..... Copies	
Of Name	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Unique Identification Code or <input type="checkbox"/> Khmer Identity Card Number or	<input type="checkbox"/> Passport Number or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....
Information of Civil Registration Record	<input type="checkbox"/> Registration Number: ..... <input type="checkbox"/> Number: ....., Register Number: ....., Year: ..... Dated: DD-MM-YYYY	
Place of Registration	<input type="checkbox"/> Commune/Sangkat: ..... <input type="checkbox"/> Municipality/District/Khan: ..... <input type="checkbox"/> Capital/Province: ..... <input type="checkbox"/> Country: ..... <input type="checkbox"/> Mission of Cambodia in .....	
In case of the application for extracts of records, please specify the information to be requested.	<input type="checkbox"/> All information in the record <input type="checkbox"/> Some information in the record, including the followings: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Live Bird Record  <input type="checkbox"/> Information of the person born  <input type="checkbox"/> Information of the Father of the person born  <input type="checkbox"/> Information of the Mother of the person born  <input type="checkbox"/> Information of the Informant  <input type="checkbox"/> Other, please specify: .....            .....         </div> <div style="width: 45%;"> <input type="checkbox"/> Death Record  <input type="checkbox"/> Information of the Deceased  <input type="checkbox"/> Information of the Deceased's Father  <input type="checkbox"/> Information of the Deceased's Mother  <input type="checkbox"/> Information of the Informant  <input type="checkbox"/> Other, please specify: .....            .....         </div> </div> <input type="checkbox"/> Marriage Record <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Information of the Husband  <input type="checkbox"/> Information of the Husband's Father  <input type="checkbox"/> Information of the Husband's Mother  <input type="checkbox"/> Information of the 1<sup>st</sup> Witness  <input type="checkbox"/> Other, please specify: .....            .....         </div> <div style="width: 45%;"> <input type="checkbox"/> Information of the Wife  <input type="checkbox"/> Information of the Wife's Father  <input type="checkbox"/> Information of the Wife's Mother  <input type="checkbox"/> Information of the 2<sup>nd</sup> Witness         </div> </div>	
Surname and Given Name of the Applicant	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	DD-MM-YYYY	Nationality: .....
Current Residence	House No. .... Street ..... Commune/Sangkat: ..... Capital/Province: .....	Village: ..... Municipality/District/Khan: ..... Country: .....
<input type="checkbox"/> Unique Identification Code or <input type="checkbox"/> Khmer Identity Card Number or	<input type="checkbox"/> Passport Number or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	..... <i>(Stamp)</i>

Relationship	<input type="checkbox"/> Person Concerned <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please specify): .....		
Telephone Number of the Applicant	.....		
Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Application Receiving Officer</b>  Name: .....	Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Right Thumbprint of the Applicant</b>  Name: .....		

**Supporting Documents for the Application for Copies of Civil Registration Certificates and Extracts of Civil Registration Records:**

- Civil Registration Certificates of the Person Concerned or
- Copies of Civil Registration Certificates of the Person Concerned and/or
- Khmer Identity Card of the Applicant or
- Passport of the Applicant or
- Letter Attesting to Personal Identity of the Applicant or
- Permanent Resident Card for Foreign Immigrant of the Applicant and
- Residence Book of the Applicant who is Not the Person Concerned or
- Family Record Book of the Applicant who is Not the Person Concerned or
- Certificate of Residence of the Applicant who is Not the Person Concerned and/or
- Documents attesting to direct consanguinity or spousal relationship of the person concerned and/or
- Documents attesting to legal representative or authorized representative (Stamp)

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**APPLICATION FOR RECORDING OF LIVE BIRTH INFORMATION  
OF PERSONS GRANTED KHMER NATIONALITY BY A ROYAL DECREE**

<b>Regard to</b>	<b>National Civil Registrar</b>	
Subject	Application for Recording of Live Birth Information of Persons Granted Khmer Nationality by a Royal Decree	
Pursuant to the Royal Decree	No. NS/RKT/...../....., dated DD-MM-YYYY	
<b>About the Person Born</b>		
Surname	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name	.....	
Surname	In Latin	Is the ... Child
Given Name		
Ethnicity	<input type="checkbox"/> ..... <input type="checkbox"/> Undetermined	
Original Nationality	<input type="checkbox"/> ..... <input type="checkbox"/> Undetermined	
Religion	.....	
Date of Birth	DD-MM-YYYY	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> With Marriage Certificate <input type="checkbox"/> Widowed <input type="checkbox"/> Widowed	
Place of Birth	.....	
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	
Occupation	.....	
<b>About Parents of the Person Born</b>	<b>Father</b>	<b>Mother</b>
Surname	.....	.....
Given Name	.....	.....
Ethnicity	<input type="checkbox"/> ..... <input type="checkbox"/> Undetermined	<input type="checkbox"/> ..... <input type="checkbox"/> Undetermined
Nationality	<input type="checkbox"/> ..... <input type="checkbox"/> Undetermined	<input type="checkbox"/> ..... <input type="checkbox"/> Undetermined
Date of birth	DD-MM-YYYY	DD-MM-YYYY
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
Place of birth	.....	.....
Current Residence	.....	.....
<b>About the Informant</b>		
Relationship to the person born:	<input type="checkbox"/> Person Concerned <input type="checkbox"/> Mother <input type="checkbox"/> Father	
Informant's Telephone Number	.....	

<p>Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20...</p> <p style="text-align: center;"><b>Application Receiving Officer</b></p> <p style="text-align: center;">Name: .....</p>	<p>I hereby confirm that all the information above is true. Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20...</p> <p style="text-align: center;"><b>Right Thumbprint of the Informant</b></p> <p style="text-align: right;">(Stamp)</p> <p style="text-align: center;">Name: .....</p>
--	---

**Supporting Documents for the Application for Recording of Live Birth Information of Persons Granted Khmer Nationality by a Royal Decree:**

- Legalized Royal Decree Granting Khmer Nationality and
- Birth Certificate issued by the Country Concerned and/or
- Passport and/or
- Permanent Resident Card for Foreign Immigrant and/or
- Other evidentiary documents of the Person Concerned and/or Parents and
- Residence Book or
- Certificate of Residence.

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**APPLICATION FOR RE-ISSUANCE OF ORIGINAL CIVIL REGISTRATION CERTIFICATES  
IN CASE OF DAMAGE OR LOSS**

<b>Regard to</b>	<b>Civil Registrar</b>		
Subject	Application for Re-issuance of ..... Certificate in case of <input type="checkbox"/> Damage <input type="checkbox"/> Loss		
In case of damage or loss of Civil Registration Certificates, please specify the reason.	.....		
Of Name	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Unique Identification Code or <input type="checkbox"/> Khmer Identity Card Number or	<input type="checkbox"/> Passport Number or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	
Information of Civil Registration Record	<input type="checkbox"/> Registration Number: ..... <input type="checkbox"/> Number: ....., Register Number: ....., Year: ..... Dated DD-MM-YYYY		
Place of Registration	<input type="checkbox"/> Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: ..... <input type="checkbox"/> Mission of Cambodia in .....		
Surname and Given Name of the Applicant	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	DD-MM-YYYY	Nationality: .....	
Current Residence	House No. .... Street .....	Village: .....	
	Commune/Sangkat: .....	Municipality/District/Khan: .....	
	Capital/Province: .....	Country: .....	
<input type="checkbox"/> Unique Identification Code or <input type="checkbox"/> Khmer Identity Card Number or	<input type="checkbox"/> Passport Number or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	
Relationship	<input type="checkbox"/> Person Concerned <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please specify): .....		
Telephone Number of the Applicant	.....		
Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ..... 20... <b>Application Receiving Officer</b>  Name: .....		Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ..... 20... <b>Right Thumbprint of the Applicant</b>  Name: .....	

**Supporting Documents for the Application for Reissuance of Original Civil Registration Certificates  
in case of Damage or Loss:**

- Damaged Original Civil Registration Certificates or
- Complaint for the Loss of Civil Registration Certificates and
- Khmer Identity Card of the Applicant or
- Passport of the Applicant or
- Letter Attesting to Personal Identity of the Applicant or
- Permanent Resident Card for Foreign Immigrant of the Applicant and
- Residence Book of the Applicant who is Not the Person Concerned or
- Family Record Book of the Applicant who is Not the Person Concerned or
- Certificate of Residence of the Applicant who is Not the Person Concerned

*(Stamp)*

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**APPLICATION FOR REGISTRATION CONCERNING VOLUNATRY ACKNOWLEDGEMENT**

<b>Regard to</b>	<b>Civil Registrar</b>	
Subject	Application for Registration Concerning <input type="checkbox"/> Father acknowledging a child <input type="checkbox"/> Father Acknowledging a deceased child <input type="checkbox"/> Father acknowledging a child in the womb <input type="checkbox"/> Father acknowledging a child through testament	
Surname and Given Name of the Child	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	DD-MM-YYYY	Nationality: .....
Place of Birth	Village: ..... Municipality/District/Khan: ..... Country: .....	Commune/Sangkat: ..... Capital/Province: .....
<input type="checkbox"/> Unique Identification Code or <input type="checkbox"/> Khmer Identity Card Number or	<input type="checkbox"/> Passport Number or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....
Information of Civil Registration Record	<input type="checkbox"/> Registration Number: ..... <input type="checkbox"/> Number: ....., Register Number: ....., Year: ..... Dated DD-MM-YYYY	
Place of Registration	<input type="checkbox"/> Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: ..... <input type="checkbox"/> Mission of Cambodia in .....	
In case of damage or loss of the original birth certificate, please specify the reason.	.....	
<b>About the Parents</b>	<b>Father</b>	<b>Mother</b>
Surname and Given Name	.....	.....
Nationality	.....	.....
Date of birth	DD-MM-YYYY	DD-MM-YYYY
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
Place of birth	Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....
Current Residence	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....	House No. .... Street ..... Village: ..... Commune/Sangkat: ..... Municipality/District/Khan: ..... Capital/Province: ..... Country: .....

<input type="checkbox"/> Unique Identification Code or <input type="checkbox"/> Khmer Identity Card Number or <input type="checkbox"/> Passport Number or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....	.....
About the Applicant	Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Executor of testament	
If the applicant is an executor of testament, please fill out the following information:		
Surname and Given Name of the Applicant	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	DD-MM-YYYY	Nationality: .....
Current Residence	House No. .... Street .....	Village: .....
	Commune/Sangkat: .....	Municipality/District/Khan: .....
	Capital/Province: .....	Country: .....
<input type="checkbox"/> Unique Identification Code or <input type="checkbox"/> Khmer Identity Card Number or	<input type="checkbox"/> Passport Number or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number	.....
Telephone Number of the Applicant	.....	
Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Application Receiving Officer</b>  Name: .....	Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ....., ..... 20... <b>Right Thumbprint of the Applicant</b>  Name: .....	

**Supporting Documents for the Application for Registration Concerning Voluntary Acknowledgement:**

- Original Birth Certificate of the Child (in case the child already has a Live Birth Certificate registered)
- Complaint for Loss of Original Birth Certificate and
- Pregnancy Examination Letter of the Mother (in case of a fetus) and
- Birth Certificate or  Copy of Birth Certificate of the :  Father     Mother or
- Khmer Identity Card of the :  Father     Mother     Executor of testament or
- Passport of the :  Father     Mother     Executor of testament or
- Letter Attesting to Personal Identity of the :  Father     Mother     Executor of testament or
- Permanent Resident Card for Foreign Immigrant of the:  Father     Mother and
- Residence Book of the :  Father     Mother or
- Family Record Book of the :  Father     Mother or    *(Stamp)*
- Certificate of Residence of the :  Father     Mother and
- Letter of Testament (in case of acknowledgement of a child through testament)

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**LETTER OF VOLUNTARY ACKNOWLEDGEMENT**

<b>About the Father</b>		
Surname and Given Name of the Father	.....	Nationality: .....
Date of Birth	DD-MM-YYYY	
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	
Place of birth	.....	
Current Residence	.....	
<b>About the Mother</b>		
Surname and Given Name of the Mother	.....	Nationality: .....
Date of Birth	DD-MM-YYYY	
Status (Alive or Deceased)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	
Place of birth	.....	
Current Residence	.....	
<b>About the Acknowledged Child</b>	<input type="checkbox"/> Fetus <input type="checkbox"/> Born child with live birth registered and with the following information:	
Surname and Given Name	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	DD-MM-YYYY	Nationality: .....
Place of birth	.....	

Place of Issuance of Letter of Acknowledgement: .....

Seen and certified that the right thumbprint truly belongs  
to ..... and .....  
Lunar day: ....., lunar month: ....., in the year of  
....., .....saka, BE 25...  
....., ..... 20...

**Civil Registrar**  
(Signature and name)

Have acknowledged the child  
....., ..... 20...  
Right Thumbprint of the Father

Name: .....

Consented to the child acknowledgement  
....., ..... 20...  
Right Thumbprint  
 Mother  Minor Child  Minor Descendant

(QR Code)

Name: .....

(Initials)

Capital/Province .....  
 Municipality/District/Khan .....  
 Commune/Sangkat Administration .....  
 Number: .....

**KINGDOM OF CAMBODIA**  
**Nation Religion King**

**3**

**REPORT ON THE WORK OF CIVIL REGISTRATION**

From: DD-MM-YYYY to DD-MM-YYYY

<b>1. Live Birth</b>											
No.	Village	Number of Live Births Notified by Health Facilities (Number)		Number of Registered Live Births Born to Khmer Citizens (Records)		Number of Registered Live Births Born to Foreigners (Records)		Total Registered Live Births (Records)		Number of Copies of Birth Certificates (Copies)	Number of Corrected Live Birth Records (Records)
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Total
Total											

<b>2. Death</b>											
No.	Village	Number of Deaths Notified by Health Facilities (Number)		Number of Registered Deaths of Khmer Citizens (Records)		Number of Registered Deaths of Foreigners (Records)		Total Registered Deaths (Records)		Number of Copies of Death Certificates (Copies)	Number of Corrected Death Records (Records)
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Total
Total											

3. Marriage												
No.	Village	Number of Registered Marriages (Records)			Number of Divorces Notified by the Court (Number)			Number of Registered Divorces (Records)			Copies of Marriage Certificates Issued (Copies)	Number of Corrected Marriage Records (Records)
		Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	All	All
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Total												

*(Stamp)*

No. .... C.

Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...

....., ..... 20...

**Civil Registrar**

*(QR Code)*

Capital/Province .....

Municipality/District/Khan Administration .....

Number: .....

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**REPORT ON THE WORK OF CIVIL REGISTRATION**

From: DD-MM-YYYY to DD-MM-YYYY

<b>1. Live Birth</b>											
No.	Commune/ Sangkat	Number of Live Births Notified by Health Facilities (Number)		Number of Registered Live Births Born to Khmer Citizens (Records)		Number of Registered Live Births Born to Foreigners (Records)		Total Registered Live Births (Records)		Number of Copies of Birth Certificates (Copies)	Number of Corrected Live Birth Records (Records)
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Total
Total											

<b>2. Death</b>											
No.	Commune/ Sangkat	Number of Deaths Notified by Health Facilities (Number)		Number of Registered Deaths of Khmer Citizens (Records)		Number of Registered Deaths of Foreigners (Records)		Total Registered Deaths (Records)		Number of Copies of Death Certificates (Copies)	Number of Corrected Death Records (Records)
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Total
Total											

<b>3. Marriage</b>												
No.	Commune/ Sangkat	Number of Registered Marriages (Records)			Number of Divorces Notified by the Court (Number)			Number of Registered Divorces (Records)			Copies of Marriage Certificates Issued (Copies)	Number of Corrected Marriage Records (Records)
		Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	All	All
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Total												

*(Stamp)*

No. .... C.

Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...  
....., ..... 20...

**Civil Registrar**

*(QR Code)*

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**Capital/Provincial Administration:** .....

**Number:** .....

**3**

**REPORT ON THE WORK OF CIVIL REGISTRATION**

From: DD-MM-YYYY to DD-MM-YYYY

<b>1. Live Birth</b>											
No.	District/ Municipality/ Khan	Number of Live Births Notified by Health Facilities (Number)		Number of Registered Live Births Born to Khmer Citizens (Records)		Number of Registered Live Births Born to Foreigners (Records)		Total Registered Live Births (Records)		Number of Copies of Birth Certificates (Copies)	Number of Corrected Live Birth Records (Records)
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Total
Total											

<b>2. Death</b>											
No.	District/ Municipality/ Khan	Number of Deaths Notified by Health Facilities (Number)		Number of Registered Deaths of Khmer Citizens (Records)		Number of Registered Deaths of Foreigners (Records)		Total Registered Deaths (Records)		Number of Copies of Death Certificates (Copies)	Number of Corrected Death Records (Records)
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Total
Total											

3. Marriage												
No.	District/ Municipality/ Khan	Number of Registered Marriages (Records)			Number of Divorces Notified by the Court (Number)			Number of Registered Divorces (Records)			Copies of Marriage Certificates Issued (Copies)	Number of Corrected Marriage Records (Records)
		Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	All	All
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Total												

*(Stamp)*

No. .... C.

Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...  
....., ..... 20...

**Civil Registrar**

*(QR Code)*

**Ministry of Interior**  
**General Department of Identification**  
**Number:** .....

**KINGDOM OF CAMBODIA**  
**Nation Religion King**

**3**

**REPORT OF CIVIL REGISTRATION WORKS**

From: DD-MM-YYYY to DD-MM-YYYY

<b>1. Live Birth</b>											
No.	Capital/ Province	Number of Live Births Notified by Health Facilities (Number)		Number of Registered Live Births Born to Khmer Citizens (Records)		Number of Registered Live Births Born to Foreigners (Records)		Total Registered Live Births (Records)		Number of Copies of Birth Certificates (Copies)	Number of Corrected Live Birth Records (Records)
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Total
Total											

<b>2. Death</b>											
No.	Capital/ Province	Number of Deaths Notified by Health Facilities (Number)		Number of Registered Deaths of Khmer Citizens (Records)		Number of Registered Deaths of Foreigners (Records)		Total Registered Deaths (Records)		Number of Copies of Death Certificates (Copies)	Number of Corrected Death Records (Records)
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Total
Total											

3. Marriage												
No.	Capital/ Province	Number of Registered Marriages (Records)			Number of Divorces Notified by the Court (Number)			Number of Registered Divorces (Records)			Copies of Marriage Certificates Issued (Copies)	Number of Corrected Marriage Records (Records)
		Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	Khmer- Khmer	Khmer- Foreigner	Foreigner- Foreigner	All	All
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Total												

*(Stamp)*

No. .... C.  
 Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...  
 ....., ..... 20...

**Civil Registrar**

*(QR Code)*

**KINGDOM OF CAMBODIA**

**Nation Religion King**

**3**

**APPEAL**

<b>Regard to</b>	<b>Civil Registrar</b>	
Subject	Appeal Against the Arrangement or Delay or Negligence in the Arrangement of <input type="checkbox"/> Commune/Sangkat Civil Registrar of ..... <input type="checkbox"/> Municipality/District/Khan Civil Registrar of ..... <input type="checkbox"/> Capital/Provincial Civil Registrar of ..... <input type="checkbox"/> Civil Registrar at Mission of the Kingdom Cambodia in .....	
Case of	<input type="checkbox"/> Application for Registration of ..... <input type="checkbox"/> Application for copies of ..... Certificate <input type="checkbox"/> Application for Extract of ..... Record <input type="checkbox"/> Correction of data of ..... Record <input type="checkbox"/> Annulment of ..... Record <input type="checkbox"/> Other Applications (Please specify) .....	
Reason for the Appeal	..... ..... .....	
Surname and Given Name of the Appellant	.....	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	DD-MM-YYYY	Nationality: .....
Current Residence	House No. .... Street ..... Commune/Sangkat: ..... Capital/Province: .....	Village: ..... Municipality/District/Khan: ..... Country: .....
<input type="checkbox"/> Unique Identification Code or <input type="checkbox"/> Passport Number or <input type="checkbox"/> Khmer Identity Card Number or <input type="checkbox"/> Foreign Immigrant's Permanent Resident Card Number		.....
Relationship	<input type="checkbox"/> Person Concerned <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please specify): .....	
Telephone Number of the Appellant	.....	
Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ..... 20... <b>Application Receiving Officer</b>  Name: .....		Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25... ..... 20... <b>Right Thumbprint of the Appellant</b>  (Stamp)  Name: .....

**Supporting Documents for the Appeal:**

- Decision on the denial of the appeal by a competent civil registrar or
- Application receipt or
- Documents that are the subject of the request and
- Identity Documents of the Appellant:

- Birth Certificate or  Copy of Birth Certificate or
- Khmer Identity Card or
- Passport or
- Letter Attesting to Personal Identity or
- Permanent Resident Card for Foreign Immigrant

*(Stamp)*

Annex 31 of Prakas No. 3068 P., dated March 25, 2026, on Electronic Civil Registration  
**(Letter Head of Municipal/District/Khan or Capital/Provincial Administrations or  
of the General Department of Identification)**

**DECISION**

**ON**

**RESOLUTION OF AN APPEAL**       **DENIAL OF AN APPEAL**

- Pursuant to Sub-Decree No. .... ANK.BK., dated ....., on Competence of Civil Registrars;
- Pursuant to Prakas No. .... P., dated ....., on Civil Registration of the Ministry of Interior;
- Pursuant to the Appeal filed by name: ....., and relevant supporting documents enclosed;

**The ..... Civil Registrar**

**Hereby decides**

1.  To authorize .....
- To deny .....

Reasons:

2. The ..... Civil Registrar shall arrange to effectively implement this Decision in accordance with the procedures as stated in the above Prakas from the date of signature onwards.

*(Stamp)*

Lunar day: ....., lunar month: ....., in the year of ....., .....saka, BE 25...  
....., ..... 20...

**Civil Registrar**

*(QR Code)*

*(Initials)*