

# NATIONAL POPULATION COMMISSION

12 - 14 BABS ANIMASHAUN STREET,  
P.M.B 12628, SURULERE,  
LAGOS STATE.



C

№ 0000302



## BIRTH ATTESTATION REQUEST FORM (PROXY)

NAME: .....

DATE OF BIRTH: ..... SEX: .....

PLACE OF BIRTH: .....

LOCAL GOVERNMENT OF ORIGIN: .....

STATE OF ORIGIN: .....

OCCUPATION: .....

OFFICE ADDRESS: .....

RESIDENTIAL ADDRESS: .....

TELEPHONE NUMBER: .....

RELATIONSHIP TO APPLICANT: .....

NATIONAL IDENTITY CARD NUMBER: .....

DRIVERS' LICENCE NUMBER: .....

FATHER'S NAME: .....

MOTHER'S MAIDEN NAME: .....

I SOLEMNLY AND SINCERELY AFFIRM THAT THE INFORMATION HEREBY  
GIVEN ABOUT MYSELF AND THE APPLICATION IS TRUE

SIGNATURE OF APPLICANT  
DATE: .....



RIGHT THUMB PRINT OF APPLICANT

# NATIONAL POPULATION COMMISSION

12 - 14 BABS ANIMASHAUN STREET,  
P.M.B. 12628, SURULERE,  
LAGOS STATE



H

No 0000291

Passport Photograph

For Office Use:.....

Date:.....

## BIRTH ATTESTATION REQUEST FORM (A)

NAME OF APPLICANT (Surname first) .....

SEX: ..... DATE OF BIRTH: .....

PLACE OF BIRTH: .....

LOCAL GOVERNMENT AREA (LGA) .....

STATE: .....

STATE OF ORIGIN (NIGERIA): .....

VILLAGE/TOWN OF ORIGIN: .....

LGA OF ORIGIN: .....

HIGHEST EDUCATION QUALIFICATION: .....

ADDRESS OF CURRENT PLACE OF DOMICILE: .....

OCCUPATION: .....

ADDRESS OF PLACE OF WORK: .....

FATHER'S NAME: .....

VILLAGE/TOWN: .....

LOCAL GOVERNMENT AREA .....

STATE OF ORIGIN .....

MOTHER'S NAME: .....

MOTHER'S MAIDEN NAME: .....

VILLAGE/TOWN: .....

LOCAL GOVERNMENT AREA: .....

STATE: .....

MAIN REASON FOR REQUEST (TICK OR FILL APPLICABLE FIELD)

BORN BEFORE THE ENACTMENT OF THE BIRTH REGISTRATION ACT OF 1992

BIRTH NOT REGISTERED:

LOSS OF LETTER OF ATTESTATION:

AS A REQUIREMENT FOR:

- A JOB I,N NIGERIA  OR ABROAD (name of country) .....
- SCHOOL IN NIGERIA  OR ABROAD (name of country) .....
- NIGERIAS INTERNATIONAL PASSPORT
- DRIVER'S LICENCE
- RESIDENT PERMIT ABROAD (name of country) .....
- OTHERS (SPECIFY) .....

ADDRESS (company, organization, school, embassy/high commission etc) that Requested for this document: .....

TELEPHONE NUMBER .....

SIGNATURE OF APPLICANT

DATE: .....

FOR OFFICIAL USE

Proc. Officer HOD (VRD)

NPC/LA/09/ .....

TR BK No 6A

Approved/Not Approved