

**Embassy of India, 18A, Rua Marquest Das Minas**

**Caixa Postal 6040, Maculusso,**

**Luanda, Angola**

**Tel: 00244 222 392281, 371089/ Fax 00 244 222 371094**

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**For Registration of Birth of Indian Citizen**

**BIRTHS WITHIN THE DISTRICT OF INDIAN EMBASSY, LUANDA (ANGOLA)**

|  |  |
| --- | --- |
| When and where born  (Place and date) |  |
| Name in full |  |
| Sex | **MALE / FEMALE** |
| Full name of father |  |
| Name & Maiden name of mother |  |
| Rank, profession or occupation of father & claim  to Indian citizenship |  |
| Signature, description & residence of informant |  |
| When registered  (Date of registration) |  |
| Signature of the Consular Officer |  |
| Registration No.\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Consular reference number |  |

**(Seal of the Embassy)**

**Seal & Signature of**

**Consular Officer**