

# COPY OF HOUSE REGISTRATION

Form Thor. Ror. 14

(For the head of Household)

House No.		Village No.		Sub-district :			District :			Page No. of pages		
Name of Place :				Name of Village :			Lane :		Alley :		Road :	
Family No.	Person No.	Name Surname	Sex	Relationship to head of Family	Date of Birth D/M/Y	Nationality	Particulars of Parents		Moved in		Moved out	
							Name	Nationality	From	Signature of Registrar	To	Signature of Registrar
			M <input type="checkbox"/> F <input type="checkbox"/>				Mother :	District :			District :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Father :	On :			On :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Mother :	District :			District :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Father :	On :			On :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Mother :	District :			District :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Father :	On :			On :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Mother :	District :			District :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Father :	On :			On :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Mother :	District :			District :	
			M <input type="checkbox"/> F <input type="checkbox"/>				Father :	On :			On :	

**Certified correct translation**