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| State of Israel | | | Ministry of the Interior | |
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| **Birth Certificate** | | | | |
|  | | | | |
|  | First Name: |  | | Surname: |
|  |  |  | | Father's first name: |
|  | Mother's Father's  surname: |  | | Mother's first name: |
|  | I.D. No.: | בחר פריט. | | Gender: |
|  | Religion: | בחר פריט. | | Nationailty: |
|  | Hospital's Name: |  | | Placee of birth: |
|  | Gregorian Date  of Birth: |  | | Jewish Date  of Birth: |
|  | | | | |
| I hereby confirm that the the newborn is recorded in the birth book.  This certification was issued according to section 29 of the Population Registry Law 1965, at the Population and Immigration Authority Bureau at \_\_\_\_\_\_\_\_\_\_\_  on \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ of בחר פריט. 20\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of Branch Office Stamp | | | | |
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| To: | | | | |