



جنرال قونسلگری جمهوری اسلامی افغانستان – لاس انجلس
CONSULATE GENERAL OF AFGHANISTAN-LOS ANGELES

APPLICATION FOR BIRTH CERTIFICATE

Form CGA-BC

First Name (First, middle, last)

لطفاً خپل نوم په پښتو یا فارسی ولیکی

Father's Name

Grandfather's Name

Date of Birth

Place of Birth

ADDRESS INFORMATION

Present address

Street

City

State

Zip Code

Telephone (Home)

Work

Signature

Date / /