



Consulate General of Pakistan

NOC Form Child Registration

Dated: _____

Name of Father:

(First, Middle, Last) _____

Date of birth of Father:

(Day, Month, Year) _____

Name of Mother:

(First, Middle, Last) _____

Date of birth of Mother:

(Day, Month, Year) _____

Name of Child:

(First, Middle, Last) _____

Date of birth of child:

(Day, Month, Year) _____

By signing this form I am declaring that I have no objection to the issuance of registration for my child.

Signature of Father

Signature of Mother

(Parents should attach copies of their IDs bearing their specimen signature.)