CONSULATE GENERAL OF BANGLADESH	
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34-18 Northern Boulevard (Ground Floor), Long Island City, NY - 11101, USA TEL - (212) 599 6767, (646) 645 7242 FAX - (212) 682 9211 E-MAIL: contact@bdcgny.org, WEB - www.bdcgny.org

APPLICATION FOR ATTESTATION / CERTIFICATION

PLEASE TYPE OR PRINT IN BLOCK LETTERS. PLEAE CHECK (X) THE APPROPRIATE BOX

		Attestation of docum	ents			
Service reques	ited for	Certification of birth		ther certificates.	Please specify	
1. Name of applicant - 3. Nationality at birth			2. Date of birth 4. Passport #	(e.g. 26-Mar-1971)		angladeshi nust present his/her t details at SI Nos. 3,4,
·					-	
5. Place of issue –			6. Date of issue	(e.g. 26-Mar-1971)	7. Date of expiry	(e. g. 26-Mar-1971)
8. Name of father			9. Name of mothe	-		
10. Sex 🗌 Male	E Female	11. Marital s	status 🗌 Single	Married	Widow/Widower	Divorced
12. Present address			13. Per	manent address in Ba	angladesh	
Street			Vil	lage:		
House/Apt #			Pc	ost Office		
City			. Th	ana/Upazila		
State		Zip	D	istrict		
Home Tel:		Cell:	/ \			/
14. Service Priority	Ordinary	Urgent				
15. Declaration						
		plicaiton is true, correct a onsible for retaining these				
Date [e.g. 26-Mar-	1971]		Signature of the a	pplicant		
16a. Money order #		16. b. Issued by		16 c.	Amount in US \$)
FOR OFFICIAL USE	ONLY				-	
Receipt #		Date			ount (US\$)	
Mode of Service	Mail-In	Walk-In R	[e.g. 26-Mar-195 eceived by		rocessed by	
					,	
Comments:				Signature of the	e issuing authority	
i				Dat	e	[e.g. 26-Mar-1971]
		This former can be filled aloot	maniaally. Diagon visit k	ttp://www.bdcap:	to download a corre-	