

## Birth Time Rectification

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Name	Home
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Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Address	Work
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City	State	Zip	Cell
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Email Address	Fax
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### Birth Data

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Month / Day / Year	Time: Hours, Minutes, AM/PM	Location
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Birth Time Source:  
 Birth Certificate     Hospital Records     Parents/Relatives     Rectified by other  
 Other:

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Other details (i.e. wartime, in the morning/ at noon/ or evening, daylight savings time, ect.)

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Please provide as much information as you can about the following:

#### Your Parents

Dates of birth:	Father: _____	Mother: _____
Dates of birth:	Father: _____	Mother: _____
Occupation(s) of parents:	Father: _____	Mother: _____

Health issues:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

## Yourself

Complications at your birth (C-section, forceps)

Physical abnormalities:  Scar(s) \_\_\_\_\_

Birthmark(s) \_\_\_\_\_

Short limbs \_\_\_\_\_

Other \_\_\_\_\_

	How many?	Age(s)
Siblings/ birth order: I have	Older brothers	_____
	Older sisters	_____
	Younger sisters	_____
	Younger sisters	_____
	<input type="checkbox"/> No brothers/sister – only child	

Highest Education degree received  High School  College  Professional Degree  Other

Describe: \_\_\_\_\_

Any break in education  Yes Explain: \_\_\_\_\_  No

Present occupation

Previous occupation(s)

Best years of your life

Worst years of your life

From the office of Chakrapani Ullal  
P.O. Box 74427  
Los Angeles, CA 90004

Phone: (323) 962.9911  
Fax: (323) 962.9915  
www.chakrapani.com

Major gains (physical, psychological, financial, career, spiritual, emotional, anything you think is significant)

Major losses

Major illnesses, hospitalizations, accidents, surgery

Major travel with dates

Date of marriage(s)/divorce(s)

Present occupation of the spouse

Children's birth date(s) & gender(s)

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