

APPLICATION FOR A BIRTH CERTIFICATE

For Register Office Use Only		
Register No.	Entry No.	Certificate No.
Date of Issue		

TO THE REGISTRATION OFFICER HAVING CUSTODY OF THE REGISTER

1. APPLICANT

Name of Applicant:

(Title)

(State full name)

Full postal address

Postcode:

Telephone:

Are you applying for your own birth certificate?

If not, please state your relationship to the person to whom the certificate relates:

It would help us if you would state the purpose for which the certificate is required:

Please state how many copies you require.

Do you require an apostile?

2. DETAILS OF THE BIRTH CERTIFICATE REQUIRED:

Full name at birth:

Surname:

Forenames:

Date of birth:

Place of birth:

(Full address of name of hospital)

Father's full name:

Mother's full name:

Maiden surname:

Signature:

Date:

Note:

FOR SECURITY PURPOSES PLEASE ENCLOSE A COPY OF THE APPLICANT'S PASSPORT PLUS COPIES OF EITHER OF THE FOLLOWING: A UTILITY BILL, DRIVING LICENCE OR ANY OTHER DOCUMENT THAT CONTAINS BOTH THE NAME AND ADDRESS OF THE APPLICANT

Please allow 3 working days for your request to be processed