

APPLICATION FOR A CERTIFICATE FROM THE REGISTRAR OF BIRTHS, ETC.

PLEASE USE BLOCK CAPITALS

BIRTH	DEATH	MARRIAGE	CIVIL PARTNERSHIP	FOR OFFICIAL USE
<i>(tick appropriate box)</i>				

A

NAME OF APPLICANT

Mr/Mrs/Miss/Ms ¹
(State Name in Full)

Full postal address

Postcode Telephone No

I enclose a cheque/postal order for £ and a stamped addressed envelope.

Signature Date

Particulars of the person whose certificate is required

FULL NAME ² Forename(s) Surname(s) ³	DATE ⁴	Day	Month	Year
DATE OF BIRTH OR AGE AT DEATH (Death Certificate only)				
PLACE (Full address)				
MALE/FEMALE ²				

DETAILS OF OTHER PARTY (Marriage or Civil Partnership Certificate only)

Forename(s)	Surname(s) ³
FATHER'S/PARENT'S FULL NAME (Birth Certificate only) Forename(s)	MOTHER'S FULL NAMES (Birth Certificate only) Forename(s)
Surname(s)	Surname(s)
Maiden Surname	

B

TYPE OF CERTIFICATE REQUIRED

(State number required in box)

Note: Abbreviated **Birth** Cert has no parental details
 Abbreviated **Death** Cert has no parentage or cause of death

Abbreviated Birth	Abbreviated Death	Full Birth	Full Death	Marriage	CP Registration
-------------------	-------------------	------------	------------	----------	-----------------

C

SPECIAL PURPOSE CERTIFICATES

SOCIAL SECURITY ADMINISTRATION ACT 1992	<i>Tick Box</i>	EDUCATION (SCOTLAND) ACT 1980	<i>Tick Box</i>
FACTORIES ACT 1961		SAVINGS BANK ACT 1980 (one cert to cover Savings Bank, Savings Certificates, Savings Contracts, Premium Savings Bonds etc)	

FEE FOR CERTIFICATES AT	B	
FEE FOR CERTIFICATES AT	C	

This application form should be sent to:-

¹ Delete where appropriate
² At Birth, Death, Marriage or Civil Partnership Registration
³ Married Woman: state maiden surname and any other surnames used
⁴ Of Birth, Death, Marriage or Civil Partnership Registration