

Application for a copy of a Birth Certificate

Name of applicant	_____
Address	_____ _____ _____
Post Code	_____
Tel no	_____
e-mail	_____

Are you applying for a copy of your own birth certificate?	YES/NO
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	_____

DETAILS OF BIRTH CERTIFICATE REQUIRED

Full Name at Birth	
Forename(s)	Surname

Date of Birth	Day	Month	Year	Place of Birth (Full Address or name of hospital)

Father's Full Name	Mother's Full Name
Forename(s)	Forename(s)
Surname	Surname
	Mother's Maiden Surname

Standard birth certificate	Short birth certificate
I require standard birth certificate(s)	I require short birth certificate(s)

Remittance enclosed* (Postal applications only)	Please enclose SAE
I enclose a cheque/postal order for £	made payable to "The Superintendent Registrar"
* Check fee payable with the Register Office	

Signed

Date

For office use only	
Register No.	Certificate no.
Entry No.	Date of issue