

BIRTH CERTIFICATE APPLICATION FORM
General Register Office - Government of Guyana

ACCESSION/ FILE NO.	B								
CERT. NO.	B								

DO NOT WRITE IN SHADED AREAS ON THIS FORM – WRITE ALL INFORMATION CLEARLY IN INK – IN SECTIONS 1 TO 8 PROVIDED ALL INFORMATION ABOUT THE PERSON FOR WHOM THE BIRTH CERTIFICATE IS TO BE ISSUED.

1 LAST NAME (SURNAME)					4 DATE OF BIRTH				NS <input type="checkbox"/>
						DAY	MONTH	YEAR	OS <input type="checkbox"/>
2 FIRST NAME					5 SEX	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>		
3 OTHER NAMES									
6 PLACE OF BIRTH	HOSPITAL <input type="checkbox"/>	NAME OF HOSPITAL OR INSTITUTION				LOCATION			REGION
	OTHER <input type="checkbox"/>	NUMBER	STREET OR DAM		WARD OR VILLAGE	TOWN OR COUNTY		REGION	
7 MOTHER'S MAIDEN NAME	LAST NAME		FIRST NAME		OTHER NAMES				
8 FATHER'S NAME	LAST NAME		FIRST NAME		OTHER NAMES				
9 NAME AND ADDRESS TO WHICH CERTIFICATE IS TO BE SENT	NAME				ADDRESS				
10 POST OFFICE USE ONLY	POST OFFICE	DATE RECV.	TRANSMITTAL NO.	ITEM NO.	RECEIPT NO.	NO. COPIES	INITIAL		
11 GRO USE ONLY	REC'D	OPER.	TRANS.	DESP.	AFFIX POSTAGE STAMP HERE				
	ADV H P	H P	H P	H P					
	CLK								
	DI								
	DO								
RMK	IC <input type="checkbox"/> ANE <input type="checkbox"/> TD <input type="checkbox"/>	ENT <input type="checkbox"/> DES <input type="checkbox"/>		CERT <input type="checkbox"/> NOT <input type="checkbox"/>					