

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 9 PROVIDED ALL INFORMATION ABOUT THE PERSON FOR WHOM THE BIRTH CERTIFICATE IS TO BE ISSUED.

1 LAST NAME (SURNAME)				4 DATE OF BIRTH	DAY	MONTH	YEAR	NS <input type="checkbox"/>		
					OS <input type="checkbox"/>					
2 OTHER NAMES				5 SEX	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>				
3 PLACE OF BIRTH	HOSPITAL <input type="checkbox"/>	NAME OF HOSPITAL OR INSTITUTION			LOCATION			REGION		
	OTHER <input type="checkbox"/>									
7 TYPE OF REGISTRATION	LATE <input type="checkbox"/>	RE <input type="checkbox"/>	OVERSEAS <input type="checkbox"/>	ADOPTION <input type="checkbox"/>						
8 MOTHER'S MAIDEN NAME	LAST NAME			FIRST NAME			OTHER NAMES			
9 FATHER'S NAME	LAST NAME			FIRST NAME			OTHER NAMES			
10 NAME AND ADDRESS TO WHICH CERTIFICATE IS TO BE SENT										
	NAME			ADDRESS						
11 POST OFFICE USE ONLY	POST OFFICE		DATE REC'D.	TRANSMIT NO.	ITEM NO.	RECEIPT NO.		NO. OF COPIES	INITIAL	
12 GRO USE ONLY	ADV	H	P	H	P	H	P	AFFIX POSTAGE STAMP HERE		
	CLK									
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	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"/>