

**BIRTH CERTIFICATE APPLICATION FORM**  
 General Register Office - Government of Guyana

ACCESSION/	<b>B</b>								
FILE NO.	<b>B</b>								
CERT. NO.	<b>B</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 DEATH CERTIFICATE IS TO BE ISSUED.

1	LAST NAME (SURNAME)	4 DATE OF BIRTH			NS <input type="checkbox"/>	OS <input type="checkbox"/>		
		DAY	MONTH	YEAR				
2	OTHER NAMES	5 SEX			MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
3	PLACE OF BIRTH HOSPITAL <input type="checkbox"/> OTHER <input type="checkbox"/>	6 WHEN REGISTERED			LOCATION			
		LATE <input type="checkbox"/>	RE <input type="checkbox"/>	OVERSEAS <input type="checkbox"/>	ADOPTION <input type="checkbox"/>	DAY	MONTH	YEAR
7	TYPE OF REGISTRATION							
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 RECV.	TRANSMITTAL NO.	ITEM NO.	RECEIPT NO.	NO. OF COPIES	INITIAL
12	GRO USE ONLY	ADV	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"/>
AFFIX POSTAGE STAMP HERE								