

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 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	

2 FIRST NAME		5 SEX	MALE	FEMALE
--------------	--	-------	------	--------

3 OTHER NAMES	
---------------	--

6 PLACE OF BIRTH	HOSPITAL				
		NAME OF HOSPITAL OR INSTITUTION		LOCATION	REGION
	OTHER	NUMBER	STREET OR DAM	WARD OR VILLAGE	TOWN OR COUNTY

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		RECV.		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"/>	