

Filling in this application form

This office holds records of Births in Barbados from 1890. This application is for applying for **Birth** certificates only. Please complete the application form in **BLOCK LETTERS**.

Section 1.

Fill in your name, full address and National Registration No.

Section 2.

- Tick the **Yes** box if you are applying for **your own Birth certificate.**
- Tick the **No** box if you are applying for **another person's Birth certificate.**
- If you are applying for another person's Birth certificate you must
 1. State your relationship to the person to whom the certificate relates.
 2. Your reason for applying for the Birth certificate.
- Tick the **Yes** box if the person to whom the certificate relates is deceased and **supply the date of death.**
- Tick the **No** box if the person to whom the certificate relates is not deceased.
- Indicate the number of certificates required. The cost is as follows:
 1. Certificates for persons **60 years and over \$1.00 each.**
 2. Certificates for persons **less than 60 years \$5.00 each.**

Section 3.

The more details of the Birth certificate you supply the better the chance we will have of locating the correct record.

- A search will be conducted two years either side of the date quoted.
- If you do not know the full date of birth, please state a two-year search you require us to undertake (e.g. 1990-1991).
- **If insufficient details are provided to conduct a search your application will be returned to you.**

For purposes of the detection and prevention of crime, information relating to this application may be passed to other Government Departments or law enforcement agencies.

GOVERNMENT OF BARBADOS
REGISTRATION DEPARTMENT
RECORDS BRANCH

APPLICATION FOR BIRTH CERTIFICATE

DECLARATION: *

I.....hereby declare

* Only complete if Applicant is unable to produce Barbados Identification of the person whose Certificate is being requested.

Signature:.....

Date:.....

Please read notes overleaf before completing this form in BLOCK LETTERS

SECTION 1. APPLICANT'S NAME AND ADDRESS

Name	
Address	
National Registration No.	
Applicant's Signature	

SECTION 2. RELATIONSHIP TO PERSON NAMED IN THE CERTIFICATE

Applying for own Birth certificate? Please tick appropriate box Yes No

If answer is No state your relationship to the person to whom the Birth certificate relates:.....

Reason for requesting the certificate:.....

Is the person to whom the certificate relates deceased? Yes No

If the answer is Yes state date of Death

Number of certificates required: copies

SECTION 3. DETAILS OF BIRTH CERTIFICATE REQUIRED

Surname	Christian Names		
Date of Birth	Day	Month	Year
National Registration No.:			
Place of Birth:			
Place of Baptism:			

PARENTS' NAMES

Father	Surname	Christian Names
Mother		

FOR OFFICE USE ONLY

Cost of Certificate(s)	Receipt No.:
Due Date:	Officer Assigned:
Reference:	