

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 TYPE OF REGISTRATION		LATE <input type="checkbox"/>	RE <input type="checkbox"/>	OVERSEAS <input type="checkbox"/>	ADOPTION <input type="checkbox"/>		
2 LAST NAME (SURNAME)	4 DATE OF BIRTH		DAY	MONTH	YEAR		
3 NAME	5 SEX		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	NS <input type="checkbox"/> OS <input type="checkbox"/>		
6 PLACE OF BIRTH	7 WHEN REGISTERED		DAY	MONTH	YEAR		
8 MOTHER'S LAST NAME		9 FATHER'S NAME		OTHER NAMES			
10 NAME AND ADDRESS TO WHICH CERTIFICATE IS TO BE SENT		11 CONTACT NUMBER		12 EMAIL ADDRESS			
NAME		ADDRESS		AFFIX POSTAGE STAMP HERE			
LANDLINE #		MOBILE #					
POST OFFICE		DATE RECV.	TRANSMITTAL NO.	ITEM NO.	RECEIPT NO.	NO. OF COPIES	INITIAL
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"/>
		RECV.		OPER.		DESP.	
		NOT <input type="checkbox"/>		NOT <input type="checkbox"/>			

13 POST OFFICE USE ONLY