

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 ☐

RE ☐

OVERSEAS ☐

ADOPTION ☐

2 LAST NAME
(SURNAME)

4 DATE
OF
BIRTH

DAY

MONTH

YEAR

NS ☐
OS ☐

3 NAME

5 SEX

MALE ☐

FEMALE ☐

6 PLACE
OF
BIRTH

HOSPITAL

☐

OTHER

☐

NAME OF HOSPITAL OR INSTITUTION

LOCATION

REGION

7 WHEN
REGISTERED

DAY

MONTH

YEAR

8 MOTHER'S
LAST 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 CONTACT NUMBER

LANDLINE #

MOBILE #

12 EMAIL ADDRESS

AFFIX
POSTAGE STAMP
HERE

13 POST OFFICE
USE ONLY

POST OFFICE

DATE RECV.

TRANSMITTAL NO.

ITEM NO.

RECEIPT NO.

NO. OF COPIES

INITIAL

RECV.

OPER.

DESP.

RMK

IC ☐

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ENT ☐

DES ☐

CERT ☐

NOT ☐