

# APPLICATION FOR A BIRTH CERTIFICATE

For Register Office Use Only		
Register No.	Entry No.	Certificate No.
Date of Issue		

TO THE REGISTRATION OFFICER HAVING CUSTODY OF THE REGISTER

## 1. APPLICANT

Name of Applicant:

(Title)

(State full name)

Full postal address

Postcode:

Telephone:

Are you applying for your own birth certificate?

If not, please state your relationship to the person to whom the certificate relates:

It would help us if you would state the purpose for which the certificate is required:

## 2. DETAILS OF THE BIRTH CERTIFICATE REQUIRED:

### Full name at birth:

Surname:

Forenames:

Date of birth:

Place of birth:

*(Full address of name of hospital)*

Father's full name:

Mother's full name:

Maiden surname:

## 3. Remittance Enclosed (Postal Applications only)

I enclose a cheque/postal order for £ (€10.20 per certificate + €4.50 postage) with all cheques being made payable to "Falkland Islands Government". Postal address: Registrar General, Town Hall, Stanley, Falkland Islands.

Signature:

Date:

### Note:

FOR SECURITY PURPOSES PLEASE ENCLOSE A COPY OF THE APPLICANT'S PASSPORT PLUS COPIES OF EITHER OF THE FOLLOWING: A UTILITY BILL, DRIVING LICENCE OR ANY OTHER DOCUMENT THAT CONTAINS BOTH THE NAME AND ADDRESS OF THE APPLICANT