

BIRTH CERTIFICATE REQUEST FORM

Please complete this form in **BLOCK CAPITALS** and print; handwritten forms will delay processing.

1. SURNAME	
2. GIVEN NAMES	
3. DATE OF BIRTH (dd/mm/yyyy)	
4. PLACE OF BIRTH	
5. MOTHER'S NAME (MAIDEN NAME MUST BE INCLUDED)	
6. FATHER'S NAME	
7. REGISTRATION NUMBER (IF KNOWN)	
8. APPLICANT'S NAME	
9. POSTAL ADDRESS	
10. EMAIL	
11. PHONE	
Signature of Applicant:	
Date:	
<u>Official Use Only</u>	
Revenue Receipt No. :	
Date :	