



DRAFT PARTICULARS FOR BIRTH REGISTRATIONS

Day/Date/Place child was born		
Child's full name	Surname(s)	Forename(s)
Sex of child		
Parent 1— Full name at time of child's birth (including any middle names) . Include any former names.	Surname(s)	Forename(s)
Parent 1—Occupation		
Parent 1—Place of Residence		
Parent 2— Full name at time of child's birth (including any middle names) . Include any former names.	Surname(s)	Forename(s)
Parent 2—Occupation		
Parent 2—Place of Residence		
Contact details	Parent 1—home/mobile number: Parent 2—home/mobile number: Email address:	
(To be completed by Registry staff) Day/Date/Time of Registration appointment: Reference No.:		

Please allow 3 working days for your request to be processed

SUBMIT REQUEST