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| **REGISTRATION (BIRTHS AND DEATHS) ACT 1949**  **CERTIFICATE ORDER FORM** | |
| **RETURN THIS FORM TO:** The Registrar General  Government Administration Building, 1st Floor  30 Parliament Street  Hamilton HM 12 Email: [taarchibald@gov.bm](mailto:taarchibald@gov.bm) Fax: 441-292-4568 | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to pay $\_\_\_\_\_\_ for the following certificates: | |
|  | |
| **Birth Certificate(s)** | |
| Full names: | Date of Birth: |
| Parents Names: | |
| Certificate Registration Number: | |
|  | |
| **Death Certificate(s)** | |
| Full names: | Date of Death: |
| Certificate Registration Number: | |
| **IF A MARITIME DEATH OCCURING ON BERMUDA REGISTERED SHIP PLEASE TICK Yes 🗆 No 🗆** | |
|  | |
| **Marriage Certificate(s)** | |
| Groom’s Full Names: | |
| Bride’s Full Names (Maiden): | |
| Certificate Registration Number: | |
| **IF A MARITIME MARRIAGE TAKEN PLACE AT SEA PLEASE TICK Yes 🗆 No 🗆** | |
|  | |
| **Card Details** | |
| Card Type: Visa 🗆 MasterCard 🗆 Amex 🗆  Full Name (exactly as it appears on credit card)…………………………………………………….……….……….............  Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_\_\_ CID number\_\_\_\_\_\_  Signature of Card Holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PLEASE NOTE: THAT THIS FORM MUST BE ACCOMPANIED BY A CLEAR PHOTOCOPY OF THE FRONT/BACK OF CREDIT CARD GIVEN AND CLEAR PHOTO I.D WITH SIGNATURE. PLEASE USE A SCANNER WHEN POSSIBLE**.  Mail Certificate(s) to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |