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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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |