Form B Notice of Particulars of Birth

THE REGISTRATION (BIRTHS AND DEATHS) ACT, 1949
(NOT MARRIED)

Date of BirthParish of Birth	
Full 1	Names of Father (a)
Natio	nalityFather's Date of Birth
Full A	Address
Occu	pation:Contact No
Emai	1
Full 1	Names of Mother
Natio	onality
Full A	Address
Occu	pationContact No
Emai	lMaiden Name
Sex o	of Child
Is the	child living? Was the child born in wedlock? (b)
Full names (or intended names) of child	
First Name(s).	
Middle Name(s)	
Surname	
Datedday of20	
Mother's Signature	
Fathe	er's Signature
	Signature and capacity of person making notification (c)
(a)	If the child is born out of marriage, the father's name, nationality, or address must not be filled in without his
(a)	consent, in which case both he and the mother or person having the custody of the child must sign this form.
(b)	Wedlock indicates parents of child are married at the time of birth.
(c)	This form must be completed, signed and returned to the Registrar General, Hamilton, by the person receiving the same, within 60 days of the receipt thereof. Failure to do so within the time required is an offense.