Notice of Particulars of Birth

THE REGISTRATION (BIRTHS AND DEATHS) ACT, 1949 (MARRIED)

Date	of BirthParish of Birth
Full 1	Names of Father (a)
	onalityFather's Date of Birth
	Address
Occu	ipation:Contact No
Emai	il
Full 1	Names of Mother
	onalityMother's Date of Birth
	Address
	ipationContact No
	ilMaiden Name
Sex o	of Child Racial Color of Child
Is the	e child living? Was the child born in wedlock? (b)
Full 1	names (or intended names) of child
First	Name(s)
Midd	lle Name(s)
Surn	ame
Date	d2020
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 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.

This application must be accompanied with a valid Driver's Licence or Passport (FOR BOTH PARTIES)