Form B

Notice of Particulars of Birth

THE REGISTRATION (BIRTHS AND DEATHS) ACT, 1949

(MARRIED)

Date of Birth.................................................................Parish of Birth.................................

Full Names of Father (a) ..............................................................................................................
Nationality ..........................................................Father’s Date of Birth.................................
Full Address......................................................................................................................................
Occupation:..........................................................Contact No......................................................
Email..................................................................................................................................................

Full Names of Mother ..............................................................
Nationality..........................................................Mother’s Date of Birth.................................
Full Address......................................................................................................................................
Occupation:..........................................................Contact No......................................................
Email..................................................................................................................................................
Maiden Name..............................................................

Sex of Child................................. Racial Color of Child..................................................
Was the child born in wedlock? (b)........... Is the child living?....................................................

Full names (or intended names) of child
First Name(s)..............................................................................................................................
Middle Name(s)...........................................................................................................................
Surname...........................................................................................................................................

Dated..................................................day of....................................................20.........................

Father’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.