

## SCHEDULE 2

Regulations 2(1), 8(1) and (2)

## PRESCRIBED FORMS

**Commencement Information**

**II** Sch. 2 in force at 1.1.1988, see [reg. 1\(1\)](#)

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<i>Form</i>	<i>Description</i>	<i>Statutory purpose</i>	<i>Corresponding form in principal regulations</i>
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## FORM 1

## PARTICULARS OF BIRTH

Regulation 2(a)

Births and Deaths Registration Act 1953, ss.1(1) &amp; 5

NHS Number Rhif NHS	<b>BIRTH - GENEDIGAETH</b>	Entry No. Cofnod Rhif
Registration district Dosbarth cofrestru	Administrative area	
Sub-district Is-ddosbarth	Rhanbarth gweinyddol	
1. Date and place of birth Dyddiad a lle y ganwyd	<b>CHILD - Y PLENTYN</b>	
2. Name and surname Enw a chyfenw		3. Sex Rhyw
4. Name and surname Enw a chyfenw	<b>FATHER - TAD</b>	
5. Place of birth	Lle y ganwyd	
6. Occupation	Gwaith	
7. Name and surname Enw a chyfenw	<b>MOTHER - MAM</b>	
8. Place of birth	Lle y ganwyd	
9. (a) Maiden surname Cyfenw morwynol	(b) Surname at marriage if different from maiden surname Cyfenw adeg priodi os yn wahanol i'r cyfenw morwynol	
10. Usual address (if different from place of child's birth)	Cyfeiriad arferol (os yn wahanol i le geni'r plentyn)	
<b>INFORMANT - HYSBYSYDD</b>		
11. Name and surname (if not the mother or father) Enw a chyfenw (os nad y tad neu'r fam)		12. Qualification Cymhwyster
13. Usual address (if different from that in 10 above)	Cyfeiriad arferol (os yn wahanol i'r hyn sydd yn 10 uchod)	
14. I certify that the particulars entered above are true to the best of my knowledge and belief Dystiaf fod y manylion a gofnodir uchod yn gywir hyd gwn ac y credaf i		Signature of informant Llofnod yr hysbysydd
15. Date of registration Dyddiad cofrestru	16. Signature of registrar Llofnod y cofrestrydd	
17. Name given after registration, and surname Enw a roddwyd wedi cofrestru, a chyfenw		

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## FORM 2

### DECLARATION/STATEMENT FOR THE REGISTRATION/RE-REGISTRATION OF A BIRTH

Regulation 2(a)

Births and Deaths  
Registration Act 1953,  
sections 9(5), 11(5)(i)  
and 10A(1)(b)(i)

<b>1. Date and place of birth</b>		<b>CIILD - Y PLENTYN</b>	
Dyddiad a lle y ganwyd			
<b>2. Name and surname</b> Enw a chyfenw		<b>3. Sex</b>	
		Rhyw	
<b>4. Name and surname</b> Enw a chyfenw		<b>FATHER - TAD</b>	
<b>5. Place of birth</b>		Lle y ganwyd	
<b>6. Occupation</b>		Gwaith	
<b>7. Name and surname</b> Enw a chyfenw		<b>MOTHER - MAM</b>	
<b>8. Place of birth</b>		Lle y ganwyd	
<b>9. (a) Maiden surname</b> Cyfenw morwynol		<b>(b) Surname at marriage if different from maiden surname</b> Cyfenw adeg priodi os yn wahanol i'r cyfenw morwynol	
<b>10. Usual address (if different from place of child's birth)</b>		Cyfeiriad arferol (os yn wahanol i le geni'r plentyn)	
<b>11. Name and surname (if not the mother or father)</b> Enw a chyfenw (os nad y tad neu'r fam)		<b>12. Qualification</b> Cymhwyster	
<b>13. Usual address (if different from that in 10 above)</b>		Cyfeiriad arferol (os yn wahanol i'r hyn sydd yn 10 uchod)	

*For use where the child is illegitimate and the mother produces a statutory declaration of paternity made by the father.*

*I'w ddefnyddio lle bo'r plentyn yn anghyfreithlon a'r fam yn cyflwyno datganiad statudol a wnaed gan y tad i'r perwyl mai ef yw'r tad.*

I, }  
Yr wyf i, }

**DO SOLEMNLY DECLARE** that I am the mother of the child the particulars of whose birth are specified above and that the person named in space 4 above is the father of the child; and I request that his name should be recorded as such in the register of births.

**YN CYHOEDDI YMA O DDIFRIF** mai wyf i yw mam y plentyn y rhoddlwyd uchod fanylion am ei enedigraeth, ac mai'r person a enwyd yn 4 uchod yw tad y plentyn; a dymunaf i'w enw gael ei gofnodi felly yn y gofrestr genedigraethau.

Signature } Date }  
Llofnod } Dyddiad }

Signed and declared by the above-named declarant in the presence of  
Weddi ei lofnodi a'i ddatgun gan y person a enwyd uchod fel datganwr ac yng ngŵydd

Registrar of Births and Deaths/Superintendent Registrar  
Cofrestrwr Genedigraethau a Marwolaethau/Cofrestrydd Arolygol

} Sub-district } District  
} Is-ddosbarth } Dosbarth

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### FORM 3

#### CERTIFICATE THAT NAME WAS GIVEN IN BAPTISM

Regulation 2(a)

Births and Deaths Registration Act 1953, s. 13(1)

I } of .....  
Yr wyf i } o.....

do hereby certify that (according to the Register of Baptisms for .....

yn tystio yma (yn unod â Chofrestr Bedyddio.....

now in my custody)\* the male/female<sup>o</sup> child stated to have been born on the .....

sydd yn awr yn fy ngofal)\* fod y plentyn (mab/merch<sup>o</sup>) y dywedwyd iddo gael ei eni ar y

.....day of .....

.....dydd o fis.....

to } and }  
i } a }

was on the.....day of..... baptised by }

wedi ei fedyddio ar y.....dydd o fis..... gan }

in the name }  
o dan yr enw }

Witness my hand this.....day of..... }

Tyst wyf o'r hyn sydd dan fy llaw ar y.....dydd o fis..... }

Signature/Llofnod..... }  
Officialing Minister/Person having custody of register.  
Gweinidog Gweinyddol/Person sydd â gofal y ruf-  
restr.

\* To be deleted where the certificate is given by the person who baptised the child.  
\* I'w ddilcu lle rhoir y dystysgrif gan y person a fedyddiodd y plentyn.

+ Strike out whichever does not apply.  
+ Dylid dileu fel y ho'r achos.

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# FORM 4

## CERTIFICATE THAT NAME WAS GIVEN OTHERWISE THAN IN BAPTISM

Regulation 2(a)

Births and Deaths Registration Act 1953. s. 13(1)

I \_\_\_\_\_ of \_\_\_\_\_  
Yr wyf i } \_\_\_\_\_  
\_\_\_\_\_

being the \_\_\_\_\_ of a male/female<sup>1</sup> child born to \_\_\_\_\_ }  
\_\_\_\_\_ y plentyn (maab/merch\*) a anwyd i \_\_\_\_\_

and } on the \_\_\_\_\_ day of \_\_\_\_\_  
a } ar y \_\_\_\_\_ dydd o fis \_\_\_\_\_

whose birth was registered in the register of births for the sub-district of }  
ac y cofrestrwyd ei enedigaeth yng nghofrestr genedigaethau is-ddesharth \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_  
ar y \_\_\_\_\_ dydd o fis \_\_\_\_\_

do hereby certify that the said child not having been given a name in baptism was  
yu tystio yma na chafodd y plentyn hwn ei enwi wrth ei feddyddio, ond o fewn deuddeg

within twelve months after the registration of his/her<sup>1</sup> birth given the name }  
mis ar ôl cofrestru ei enedigaeth, iddo gael ei enwi'n \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ }  
Tyst wyf o'r hyn sydd dan fy llaw ar y \_\_\_\_\_ dydd o fis \_\_\_\_\_ }-----

Signature  
Llofnod

<sup>1</sup>Strike out whichever does not apply.  
{Dylid dileu fel y ho'r achos

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## FORM 5

### STATEMENT BY PARENT FOR THE RE-REGISTRATION OF A BIRTH

Regulation 2(a)

Births and Deaths  
Registration Act 1953,  
sections 9(5) and  
10A(1)(a)

1. Date and place of birth CHILD - Y PLENTYN	
Dyddiad a lle y ganwyd	
2. Name and surname Enw a chyfenw	3. Sex Rhyw
4. Name and surname Enw a chyfenw FATHER - TAD	
5. Place of birth Lle y ganwyd	
6. Occupation Gwaith	
7. Name and surname Enw a chyfenw MOTHER - MAM	
8. Place of birth Lle y ganwyd	
9. (a) Maiden surname Cyfenw morwynol	(b) Surname at marriage if different from maiden surname Cyfenw ar ôl priodi os yn wahanol i'r cyfenw morwynol
10. Usual address (if different from place of child's birth) Cyfeiriad arferol (os yn wahanol i le geni'r plentyn)	
11. Name and surname (if not the mother or father) Enw a chyfenw (os nad y tad neu'r fam)	12. Qualification Cymhwyster
13. Usual address (if different from that in 10 above) Cyfeiriad arferol (os yn wahanol i'r hyn sydd yn 10 uchod)	

*For use (a) where the informants give information out of the sub-district of the child's birth or (b) in any case where more than 3 months have elapsed since the date of birth of the child.  
I w ddefnyddio (a) lle bo'r sawl sy'n cyflwynu hysbysiaeth yn gnwedd hynny y tu allan i'r is-ddosbarth lle ganwyd y plentyn, neu (b) mewn unrwyngochos pan fo mwy na thri mis wedi mynd heibio o'ddi ar ddyddiad geni y plentyn.*

We }  
Yr ydym ni } .....

being qualified under the Births and Deaths Registration Act 1953 to give information for the registration of the birth of the above-named child, DO SOLEMNLY DECLARE that the particulars above are those which are required to be registered concerning such birth, according to the best of our knowledge and belief, and request that the name of the father of the child be entered in the register of births as in space 4 above.

gan ein bod yn gyswys dan Births and Deaths Registration Act 1953 i roi gwybodaeth ar gyfer cofrestru genedigolaeth y plentyn a enwyd uchod YN CYHOEIDDI YMA O DDIE-RIU- mat'r manylion uchod yw'r rhai y mae'n rhaid eu cofrestru ynglyn â'r enedigolaeth hon. I'yd eiddaf ein gwybodaeth a'n cred, a dymunwn i enw tad y plentyn gael ei gofnodi yn y cofrestr genedigolaethau fel yn 4 uchod.

Signatures } ..... Date }  
Llofnodau } ..... Dyddiad }

Signed and declared by the above named declarants in the presence of  
Weddi ei llofnodi a'i ddatgan gan y personau a enwyd uchod fel datganwyr ac yng ngwrydd

Registrar of Births and Deaths/Superintendent Registrar  
Cofrestrydd Genedigaethau a Marwolaethau/Cofrestrydd Arrolgyl

} Sub-district }  
} Is-ddosbarth }  
} District }  
} Dosbarth }

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## FORM 6

### STATEMENT BY MOTHER FOR THE RE-REGISTRATION OF A BIRTH

Regulation 2(a)

Births and Deaths  
Registration Act 1953,  
sections 9(5) and 10A(1)(c)

1. Date and place of birth Dyddiad a lle y ganwyd		<b>CHILD - Y PLENTYN</b>	
2. Name and surname Enw a chyfenw		3. Sex Rhyw	
4. Name and surname Enw a chyfenw		<b>FATHER - TAD</b>	
5. Place of birth		Lle y ganwyd	
6. Occupation		Gwaith	
7. Name and surname Enw a chyfenw		<b>MOTHER - MAM</b>	
8. Place of birth		Lle y ganwyd	
9. (a) Maiden surname Cyfenw morwynol		(b) Surname at marriage if different from maiden surname Cyfenw adeg priodi os yu wahanol i'r cyfenw morwynol	
10. Usual address (if different from place of child's birth)		Cyfeiriad arferol (os yu wahanol i le geni'r plentyn)	
<b>INFORMANT - HYSBYSYDD</b>			
11. Name and surname (if not the mother or father) Enw a chyfenw (os nad y tad neu'r fam)		12. Qualification Cymbwystwr	
13. Usual address (if different from that in 10 above)		Cyfeiriad arferol (os yu wahanol i'r hyn sydd yn 10 uchod)	

*For use where the child is illegitimate and the mother produces a certified copy of an order made under section 4 of the Affiliation Proceedings Act 1957.*

*I'm ddefnyddio lle bo'r plentyn yn anghyfreithlon a'r fam yn cyflwyno copi dilys o orchymyn a wnaethpwyd dan adran 4 o'r Affiliation Proceedings Act 1957.*

I, }  
Yr wyf i, }

**DO SOLEMNLY DECLARE** that I am the mother of the child the particulars of whose birth are specified above and that the person named in space 4 above is the father of the child and is named as such in the certified copy of the order made under section 4 of the Affiliation Proceedings Act 1957 relating to the child and produced by me; and I request that his name should be recorded as such in the register of births.

**YN CYHOEDDI YMA O DDIFRIF** mai myfi yw mam y plentyn y rhoddwyd uchod fanylion am ei enediagaeth, ac mai'r person a enwyd yn 4 uchod yw tad y plentyn ac a enwir felly yn y copi dilys o'r orchymyn a wnaethpwyd dan adran 4 o'r Affiliation Proceedings Act 1957 ac sy'n berthnasol i'r plentyn, ac a gyflwynwyd gennyf i; a dymunaf i'w enw gael ei gofnodi felly yn y gofrestr genedigacthau.

Signature } Date }  
Llofnod } Dyddiad }

Signed and declared by the above-named declarant in the presence of

Wedi ei lofnodi a'i ddatgan gan y person a enwyd uchod fel datganswr ac yng ngŵydd

Registrar of Births and Deaths/Superintendent Registrar

Cofrestryydd Genedigaethau a Marwolaethau/Cofrestryydd Arolygiol

8

} Sub-district } District  
} Is-ddosbarth } Dosbarth



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## FORM 7

## PARTICULARS OF STILL-BIRTH

Regulation 2(a)		Births and Deaths Registration Act 1953, ss.1(1) & 5	
STILL BIRTH MARW-ANEDIG		Entry No. Cofnod Rhif	
Registration district Dosbarth cofrestru	Administrative area		
Sub-district Is-ddosbarth	Rhanbarth gweinyddol		
1. Date and place of birth Dyddiad a lle y ganwyd	CHILD - Y PLENTYN		
2. Cause of death and nature of evidence that child was still-born Achos marwolaeth a natur y dystiolaeth fod y plentyn wedi ei eni'n farw	3. Sex Rhyw		
4. Name and surname Enw a chyfenw	FATHER TAD		
5. Place of birth	Lle y ganwyd		
6. Occupation	Gwaith		
7. Name and surname Enw a chyfenw	MOTHER - MAM		
8. Place of birth	Lle y ganwyd		
9. (a) Maiden surname Cyfenw marwynol	(b) Surname at marriage if different from maiden surname Cyfenw adeg priodi os yn wahanol i'r cyfenw marwynol		
10. Usual address (if different from place of child's birth)	Cyfeiriad arferol (os yn wahanol i le geni'r plentyn)		
11. Name and surname (if not the mother or father) Enw a chyfenw (os nad y tad neu'r fam)	INFORMANT HYSBYSYDD		12. Qualification Cymhwyster
13. Usual address (if different from that in 10 above)	Cyfeiriad arferol (os yn wahanol i'r hyn sydd yn 10 uchod)		
14. I certify that the particulars entered above are true to the best of my knowledge and belief 'Fystiaf fod y manylion a gofnodir uchod yn gywir hyd y gwn ac y credaf i	Signature of informant Llofnod yr hysbysydd		
15. Date of registration Dyddiad cofrestru	16. Signature of registrar Llofnod y cofrestrydd		

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## FORM 8

### MEDICAL CERTIFICATE OF STILL-BIRTH

Regulation 2(a)

Births and Deaths Registration Act 1953, s.13(1)(a)

I was present at the still-birth of a male\* child born  
female†

\* Yr oeddwn yn bresennol yn ystod marw-enedigaeth plentyn gwryw\* a anwyd  
benyw\*

I have examined the body of the male\* child which I am informed and believe was born  
female\*

\* Yr wyf wedi archwilio corff plentyn gwryw\* y dywedir wrthyf ac y credaf iddo gael ei cni  
benyw\*

on ..... day of ..... 19.....  
 ar ..... dydd o fis ..... i (name of mother) (enw'r fam)

at yn	(place of birth)	(lle y gariwyd)
1.	The certified cause of death has been confirmed by post-mortem. Cadarnhawyd a post-mortem achos ar dystiedig y farwolaeth.	Weight of fetus ..... grams Pwysau'r ffetws ..... gram.
	2. Information from post-mortem may be available later. Dichon y bydd gwybodaeth a gafwyd o'r post-mortem ar gael yn ddiweddarach.	Estimated duration of pregnancy Amcangyfrif o barhad y beichiogiad State (a) the number of weeks at delivery ..... Nodwch (a) nifer yr wythnosau adgy marw-enedigaeth (b) when the child died pryd y bu'r plentyn farw (i) before labour* cyn yr esgor† (ii) during labour* yn ystod yr esgor† (iii) not known* nid yw'n hysbys*
	3. Post-mortem not being held. Ni chyfludir post-mortem.	

\*Please ring appropriate digit.  
 Rhwngch gulch am y ffigur cymwys.  
 †Strike out the words that do not apply.  
 Dylid dileu y geriau arghymwys.

CAUSE OF DEATH

ACHOS Y FARWOLAETH

- a. Main diseases or conditions in fetus.  
Prif glefydau neu gyflyrau a berthynai i'r ffetws.
- b. Other diseases or conditions in fetus.  
Clefydau eraill neu gyflyrau a berthynai i'r ffetws.
- c. Main maternal diseases or conditions affecting fetus.  
Prif glefydau mamol neu gyflyrau a effeithiai ar y ffetws.
- d. Other maternal diseases or conditions affecting fetus.  
Clefydau mamol eraill neu gyflyrau a effeithiai ar y ffetws.
- e. Other relevant causes.  
Achosion perthnasol eraill.

I hereby certify that (i) the child was not born alive, and (ii) to the best of my knowledge and belief the cause of death and the estimated duration of pregnancy of the mother were as stated above.

Tystiaf drwy hyn (i) na anwyd y plentyn yn fyw, a (ii) hyd y gwn ac y credaf i fod achos y farwolaeth ac amcangyfrif o barhad beichiogiad y fam fel a fynegir uchod.

Signature ..... Date .....  
 Llofnod ..... Dyddiad .....

Qualifications as registered by General Medical Council, or Registered no. as Registered Midwife.....  
 Cynwysgerau fel y cofrestrwyd hwy gan y Cyngor Meddygol Cyffradinol neu Rhif Cofrestru fel Hydwrnig Gofrestrchg.

Address .....  
 Cyfeiriad .....

For still-births in hospital:  
 Please give the name of the consultant responsible for the care of the mother.  
 Yn achos marw-enedigaeth mewn ysbyty:  
 Rhwngch enw'r ymgynghorydd oedd yn gyfrifol am edrych ar ôl y fam.  
 .....

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## FORM 9

### DECLARATION AS TO STILL-BIRTH

Regulation 2(a)

Births and Deaths Registration Act 1953, s.11(1)(b)

Date of still-birth.....

Dyddiad y marw-chni.....

Place of still birth.....

Lle'r marw-chni.....

Name and Surname of parents of still-born child or in case of an illegitimate child, of the mother only.....

Enw a chyfenw rhieni'r plentyn marw-annedig, neu yn achos plentyn anghyfreithlon, enw'r fam yn unig.....

Usual address of mother of child.....  
Cyfeiriad arferol mam y plentyn.....

Reason why a certificate that the child was not born alive cannot be obtained from a registered medical practitioner or registered midwife:

Rheswm pam na ellir cael tystysgrif oddi wrth faddyg cofrestredig neu fydwraig gofrestrddig yn tystio na chafodd y plentyn ei eni'n fyw:

I declare that the particulars stated above are true to the best of my knowledge and belief, and that the child mentioned above was not born alive

Yr wyf yn datgan fod y manylion a roddwyd neheud yn wir hyd eithaf fy ngwybodaeth a'm creid ac na chafodd y plentyn y cyfeirir ato uchod ei eni'n fyw.

Signature }  
Llofnod }

State whether "Mother", "Father", of the child or in what other capacity liable to give information concerning the still-birth.....

Dywedwch ai "Mam", "Tad", y plentyn, neu ynteu mewn safle arall sy'n rhwym o roi gwybodaeth ynghylch y marw-chni.....

Date.....

Dyddiad.....

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## FORM 10 PARTICULARS OF DEATH

Regulation 2(a) Births and Deaths Registration Act 1953, ss.15 & 20

<b>DEATH – MARWOLAETH</b>		Entry No. Cofnod Rhif
Registration district Dosbarth cofrestru		Administrative area
Sub-district Is-ddosbarth		Rhanbarth gweinyddol
1. Date and place of death		
Dyddiad a lle y bu farw		
2. Name and surname Enw a chyfenw	3. Sex	
	Rhyw	
	4. Maiden surname of woman who has married Cyfenw morwynol y wraig sydd wedi priodi	
5. Date and place of birth		
Dyddiad a lle y ganwyd		
6. Occupation and usual address		
Gwaith a chyfeiriad arferol		
7. (a) Name and surname of informant Enw a chyfenw'r hysbysydd	(b) Qualification Cymhwyster	
(c) Usual address Cyfeiriad arferol		
8. Cause of death Achos marwolaeth		
9. I certify that the particulars given by me above are true to the best of my knowledge and belief Tystiaf fod y manylion a roddwyd gennyf uchod yn gywir y hyd gwn ac y credaf i		Signature of informant Llofnod yr hysbysydd
10. Date of registration Dyddiad cofrestru	11. Signature of registrar Llofnod y cofrestrydd	

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## FORM 11

### MEDICAL CERTIFICATE OF CAUSE OF DEATH EXCEPT FOR CHILD DYING WITH 28 DAYS OF BIRTH

Regulation 2(a)

Births and Deaths Registration Act 1953, s.22(1)

Name of deceased .....  
Enw'r ymadawedig

Date of death as stated to me ..... day of ..... 19.....  
Dyddiad y bu farw yn ôl a ddywedwyd wrthyf ..... dydd o fis

Age as stated to me .....  
Oedran yn ôl a ddywedwyd wrthyf

Place of death .....  
Man y farwolaeth

Last seen alive by me ..... day of ..... 19.....  
Gwelwyd yn fyw am y tro diwethaf gennyf ar ..... dydd o fis

- |  |   |  |
|--|---|--|
| <ol style="list-style-type: none"> <li>1. The certified cause of death takes account of information obtained from post-mortem.<br/>Y mac achos ardstyiedig y farwolaeth yn cymryd i ystyriaeth wybodaeth a gafwyd o'r post-mortem.</li> <li>2. Information from post-mortem may be available later.<br/>Dichon y bydd gwybodaeth a gafwyd o'r post-mortem ar gael yn ddiweddarach.</li> <li>3. Post-mortem not being held.<br/>Ni chynhelir post-mortem.</li> <li>4. I have reported this death to the Coroner for further action.<br/>Yr wyf wedi hysbysu'r Crwner am y farwolaeth hon iddo weithredu ymhellach.</li> </ol> | <p>Please ring appropriate digit(s) and letter.<br/>Rhewch gylch o gwmpas y ffigur (au) a'r llythyron gymwys.</p> | <ol style="list-style-type: none"> <li>a. Seen after death by me.<br/>Gwelwyd ar ôl marw gennyf i.</li> <li>b. Seen after death by another medical practitioner but not by me.<br/>Gwelwyd ar ôl marw gan feddyg arall ond nid gennyf i.</li> <li>c. Not seen after death by a medical practitioner.<br/>Nis gwelwyd ar ôl marw gan feddyg.</li> </ol> |
|--|---|--|

<b>CAUSE OF DEATH</b> <b>ACHOS Y FARWOLAETH</b>	These particulars not to be entered in death register Ni ddylid cofnodi'r manylion hyn ar gofrestr marwolaeth
The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I Dylid cynnwys y cyflwr a ystyriwyd fel 'Achos Sylfaenol y Farwolaeth' yn y llinell olaf a lanwyd yn Rhan I	Approximate interval between onset and death Amcangyfrif o'r amser rhwng yr ymosodiad a'r farwolaeth
I(a) Disease or condition directly leading to death Afiechyd neu gyflwr yn arwain i farwolaeth yn uniongyrcholl (b) Other disease or condition, if any, leading to I(a) Afiechyd neu gyflwr arall, os oedd un, yn arwain i I(a) (c) Other disease or condition, if any, leading to I(b) Afiechyd neu gyflwr arall, os oedd un, yn arwain i I(b)	..... ..... .....
II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it Cyflwrau arwyddocaol eraill, YN CYFRANNU AT Y FARWOLAETH ond heb fod â pherthynas â'r clefyd neu â'r cyflwr a achosodd y farwolaeth	..... .....
The death might have been due to or contributed to by the employment followed at some time by the deceased. Dichon fod y farwolaeth wedi deillio neu ei bod yn gysylltiedig â'r gyflogaeth a ddiilynir rywbryd gan yr ymadawedig.	Please tick where applicable <input type="checkbox"/> Rhewch ✓ yn ôl y galw

\*This does not mean the mode of dying, such as heart failure, asphyxia, aethenia, etc: it means the disease, injury or complication which caused death  
 Nid yw hyn yn golygu y modd y bu farw, fel y galon yn methu (tagfa, asthenia, etc): y mae'n golygu y clefyd, y niwed neu'r cymhlethdod a achosodd y farwolaeth.

I hereby certify that I was in medical attendance during the above named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Tystiaf drwy hyn i mi weini'n feddygol ar yr ymadawedig a enwyd uchod yn ystod ei salwch olaf a bod y manylion ac achos y farwolaeth a ysgrifennwyd uchod yn gywir llyd y gwn ac y credaf i.

13

For deaths in hospital: Please give the name of the consultant responsible for the above named as a patient

Yn achos marwolaethau mewn ysbytai: Rhewch enw'r ymgynghorydd a oedd yn gyfrifol am y person uchod pan oedd yn glaf

Signature ..... Llofnod ..... Residence ..... Preswyllfa .....	Qualifications as registered by General Medical Council ..... Cymwysterau fel y cofrestrwyd hwy gan y Cyngor Meddygol Cytffredinol ..... Date, ..... Dyddiad .....
---	---

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## FORM 12

### MEDICAL CERTIFICATE OF CAUSE OF DEATH FOR CHILD DYING WITH 28 DAYS OF BIRTH

Regulation 2(a) Births and Deaths Registration Act 1953, s.22(1)

Name of child ..... Sex .....  
Enw'r plantyn ..... Rhyw .....

Date of death ..... day of .....  
Dyddiad y farwolaeth ..... dydd o fis .....

Age at death ..... days (complete period of 24 hrs) ..... hours  
Et oed pan fu farw ..... diwrnod (24 awr cyflawn) ..... awr .....

Place of death .....  
Man y farwolaeth .....

Place of birth .....  
Lle y ganwyd .....

Last seen alive by me ..... day of .....  
Gwelwyd yn fyw am y tro diwethaf gennyf ar ..... dydd o fis .....

- |  |   |   |
|--|---|---|
| <p>1. The certified cause of death has been confirmed by post-mortem.<br/>Cadarnhawyd a post-mortem achos ar dystiedig y farwolaeth.</p> <p>2. Information from post-mortem may be available later.<br/>Dichan y hydyl gwyhodaeth a gafwyd o'r post-mortem ar gael yn ddiweddarach.</p> <p>3. Post-mortem not being held.<br/>Ni chyhelir post-mortem.</p> <p>4. I have reported this death to the Coroner for further action.<br/>Yr wyf wedi hysbysu'r Crowner am y farwolaeth hon iddo weithredu ymhellach.</p> | <p>Please ring appropriate digit(s) and letter.<br/>Rhewch gylich o gwmpas y ffigur (au) a'r llythrennau gyntwys.</p> | <p>a. Seen after death by me.<br/>Gwelwyd ar ôl marw gennyf i.</p> <p>b. Seen after death by another medical practitioner but not by me.<br/>Gwelwyd ar ôl marw gan feddyg arall ond nid gennyf i.</p> <p>c. Not seen after death by a medical practitioner.<br/>Nis gwelwyd ar ôl marw gan feddyg.</p> |
|--|---|---|

#### CAUSE OF DEATH ACHOS Y FARWOLAETH

- a. Main diseases or conditions in infant  
Prif glefydau neu gyflyrau a berthynai i'r baban
- b. Other disease or conditions in infant  
Clefydau eraill neu gyflyrau a berthynai i'r baban
- c. Main maternal diseases or conditions affecting infant  
Prif glefydau mamol neu gyflyrau a effeithiai ar y baban
- d. Other maternal diseases or conditions affecting infant  
Clefydau mamoll eraill neu gyflyrau a effeithiai ar y baban
- e. Other relevant causes  
Achosion perthnasol eraill

I hereby certify that I was in medical attendance during the above-named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature ..... Qualifications as registered by General Medical Council .....

Cyanwysterau fel y cofrestrwyd lwy gan y Cyngor Meddygol Cyffredinol

Tystiaf drwy ym i mi weini'r feddygol ar yr ymadawedig a enwyd uchod yn ystod ei salwch olaf a noc y manylion ar achos y farwolaeth a ysgrifennwyd uchod yn gywir hyd y gwn ac y credaf i.

Address ..... Date .....

Cyfeiriad ..... Dyddiad .....

For deaths in hospital: Please give the name of the consultant responsible for the above-named as a patient

.....

Yn achos marwolaethau mewn ysbyry: Rhewch enw'r ymgynghorydd a oedd yn gyfrifol am y person uchod pan oedd yn glaf.

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## FORM 13

### MEDICAL PRACTITIONER'S NOTICE TO INFORMANT OF DEATH

Regulation 2(a)

Births and Deaths Registration Act 1953, s.22(2)

I hereby give notice that I have this day signed a medical certificate of cause of death

Hysbysaf drwy hyn i mi heddiw lotnodi tystysgrif feddygol a rydd achos marwolaeth

of } .....

Signature } ..... Date .....  
Llofnod } ..... Dyddiad .....

This notice is to be delivered by the informant to the registrar of births and deaths for the sub-district in which the death occurred.

Y mae'n gynnwys i'r hysbysydd drusglwyddu'r hysbysiad hwn i gofrestrarydd geneudigaethau a marwolaethau yr is-ddisbarth lle digwyddodd y ferwolaeth

## FORM 14

### NOTIFICATION

Regulation 2(a)

Births and Deaths Registration Act 1926, s.3(1)

This is to notify that the body of } ..... deceased,  
Hyn sydd i hysbysu bod corff } ..... yr ymadawedig,

who died on ..... at .....

a fu farw ar ..... yn .....

was buried/cremated\* on ..... at .....

wedi ei gladdu/gorffwngi\* ar ..... yn .....

Signature } .....  
Llofnod } .....

on behalf of } .....  
ar ran } .....

Date .....  
Dyddiad .....

\*Strike out whichever does not apply.  
\*Dylid dileu fel y ho'r achos.

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# FORM 15

## DECLARATION THAT CERTIFICATE OR ORDER HAS BEEN ISSUED

Regulation 2(a)

Births and Deaths Registration Act 1926, s. 1(1)

I } of .....  
Yr wyf i } of .....

in pursuance of the Births and Deaths Registration Act 1926, declare:-  
yn ôl Births and Deaths Registration Act 1926, yn datgan:-

(1) That I am the person procuring the burial of the  
body of .....  
Mai myfi yw'n person sy'n cael gofal claddu corff |

who died at ..... on the .....

a fu farw yn ..... at .....

(2) that a registrar's certificate\* authorising burial was issued by the  
coroner's order

fod tystysgrif cofrestrydd\* yn awdurdodi claddu wedi ei rhoi gan y  
gorchymyn crwner

registrar\* at .....

cofrestrydd .....  
coroner\* yn .....

to } living at .....  
i } sy'n byw yn .....

on .....; and

at .....; ac

(3) that the reason why the said document cannot be delivered before burial is that .....

ma'n rheswm pam na ellir trosglwyddo'r ddogfen a enwyd cyn y gladdediogaeth yw .....

I make this declaration believing the same to be true.  
Gwnaf y datganiad hwn gan gredu ei fod yn gywir.

Signature of declarant }  
Llofnod y datganwr }

Date .....

Dyddiad .....

\*Strike out whichever does not apply.  
\*Dylid dileu fel y bo'r achos.



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## FORM 16

### CERTIFICATE OF REGISTRATION OF BIRTH

Regulation 2(a)

Births and Deaths Registration Act 1953, s.12

I, the undersigned, do hereby certify that the birth of

Yr wyf i sydd a'm hofnod isod yn cystio drwy hys i enedigaeth

a male\* child (still-born on the .....  
female\*\*

plencyn enyw\* a anwyd (yn farw) ar .....  
benyw\*\*

has been duly registered by me at Entry No. .... in my Register No. ....  
gael ei chofrestru'n briodol ganym i fi yng Nghofnod Rhif ..... yn fy Nghofrestr Rhif .....

Name of informant .....  
Enw'r hysbysydd

Qualification of informant .....  
Cymhwyster yr hysbysydd

Date ..... Signature of registrar .....  
Dyddiad ..... Llofnod y cofrestrydd

District ..... Sub-district .....  
Desbarth ..... Is-ddisbarth

\*Strike out whichever does not apply.  
Dileu'r yn o'i galw.

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# FORM 17

## FORM OF SHORT BIRTH CERTIFICATE FOR ISSUE BY A SUPERINTENDENT REGISTRAR OR REGISTRAR

Regulation 8(1)

Births and Deaths Registration Act 1953, s.33.

Name and Surname }  
Enw a Chyfenw } .....

Sex .....

Rhyw. ....

Date of Birth .....

Dyddiad y Geni .....

Place of Birth .....

Lle y Ganwyd .....

I }  
Yr wyf i } .....

Superintendent Registrar for }  
Cofrestryydd Arolygol } .....

..... the

Registrar of Births and Deaths for the sub-district of }  
Cofrestryydd Genedigaethau a Marwolaethau is-aldnsbarth } ..... in

Registration District of } do hereby certify that the  
Desbarth Cofrestru } yn tystio yma fod y

above particulars have been compiled from an entry in a register in my custody.

manylion uchod wedi eu casglu o gofnod mewn cofrestr a godwin gennyf i.

Date .....

Dyddiad .....

Superintendent Registrar/Cofrestryydd Arolygol  
Registrar of Births and Deaths/Cofrestryydd Genedigaethau a  
Marwolaethau

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## FORM 18

### FORM OF SHORT CERTIFICATE OF BIRTH FOR ISSUE BY THE REGISTRAR GENERAL

Regulation 8(2)

Births and Deaths Registration Act 1953, s.33  
Foundling Hospital Act 1953, s.5(2)

Name and Surname } Enw a Chyfenw }	.....
Sex .....	.....
Rhyw .....	.....
Date of Birth .....	.....
Dyddiad y Geni .....	.....
Place of Birth .....	.....
Lle y Ganwyd .....	.....

Certified to have been compiled from records in the custody of the Registrar General Given at the General Register Office, under the Seal of the said Office.

Tystiolaethwyd iddo gael ei gasglu o gofnodion a gedwir gan y Cofrestrdydd Cyffredinol.  
Feli rhoddwyd yn y General Register Office, o dan Sêl y Swyddfa a enwyd.

the .....day of.....

yn .....dydd o fis .....

**Changes to legislation:**

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**Changes and effects yet to be applied to :**

- Sch. 2 Form 11 expiry of earlier affecting provision 2020 c. 7, Sch. 13 para. 4 by [2020 c. 7 s. 89](#)
- Sch. 2 Form 12 expiry of earlier affecting provision 2020 c. 7, Sch. 13 para. 4 by [2020 c. 7 s. 89](#)
- Sch. 2 Form 6A 6B inserted by [S.I. 1992/1504 reg. 3\(c\)](#)Sch. Pt. 2
- Sch. 2 Form 2 substituted by [S.I. 1989/511 reg. 2](#)Sch.
- Sch. 2 Form 6 substituted by [S.I. 1989/511 reg. 2](#)Sch.
- Sch. 2 Form 6 substituted by [S.I. 1992/1504 reg. 3\(b\)](#)Sch. Pt. 1
- Sch. 2 Form 1 substituted by [S.I. 1995/818 reg. 2](#)Sch.
- Sch. 2 Form 2 substituted by [S.I. 1995/818 reg. 2](#)Sch.
- Sch. 2 Form 5 substituted by [S.I. 1995/818 reg. 2](#)Sch.
- Sch. 2 Form 6 substituted by [S.I. 1995/818 reg. 2](#)Sch.
- Sch. 2 Form 7 substituted by [S.I. 1995/818 reg. 2](#)Sch.
- Sch. 2 Form 9 substituted by [S.I. 1995/818 reg. 2](#)Sch.
- Sch. 2 Form 10 substituted by [S.I. 2006/2827 reg. 27\(3\)](#)Sch. 2
- Sch. 2 Form 1 substituted by [S.I. 2009/2165 reg. 25\(2\)](#)Sch. 2
- Sch. 2 Form 2 substituted by [S.I. 2009/2165 reg. 25\(2\)](#)Sch. 2
- Sch. 2 Form 6A substituted by [S.I. 2009/2165 reg. 25\(2\)](#)Sch. 2
- Sch. 2 Form 6B substituted by [S.I. 2009/2165 reg. 25\(2\)](#)Sch. 2
- Sch. 2 Form 7 substituted by [S.I. 2009/2165 reg. 25\(2\)](#)Sch. 2
- Sch. 2 words inserted by [S.I. 1992/1504 reg. 3\(a\)](#)
- Sch. 2 Form 11 words omitted (temp.) by [2020 c. 7 Sch. 13 para. 4\(4\)\(b\)](#)
- Sch. 2 Form 12 words omitted (temp.) by [2020 c. 7 Sch. 13 para. 4\(4\)\(b\)](#)

**Changes and effects yet to be applied to the whole Instrument associated Parts and Chapters:**

Whole provisions yet to be inserted into this Instrument (including any effects on those provisions):

- reg. 4A inserted by [S.I. 1988/687 reg. 2](#)
- reg. 5(2)(2A) substituted for reg. 5(2) by [S.I. 1997/844 reg. 5\(2\)](#)
- reg. 6(3)(3A) substituted for reg. 6(3) by [S.I. 1997/844 reg. 5\(3\)](#)