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SCHEDULE

regulation 8

FORM 1 PARTICULARS OF BIRTH

Regulation 7(1) Births and Deaths Registration Act 1953, ss.1(1) and 5

BIRTH		Entry No.
Registration district		Administrative area
Sub-district		
1. Date and place of birth		CHILD
2. Name and surname		3. Sex
4. Name and surname		FATHER
5. Place of birth	6. Occupation	
7. Name and surname		MOTHER
8.(a) Place of birth	8.(b) Occupation	
9.(a) Maiden surname	9.(b) Surname at marriage if different from maiden surname	
10. Usual address (if different from place of child's birth)		
11. Name and surname (if not the mother or father)		INFORMANT
		12. Qualification
13. Usual address (if different from that in 10 above)		
14. I certify that the particulars entered above are true to the best of my knowledge and belief		
		Signature of informant
15. Date of registration		16. Signature of registrar
17. Name given after registration, and surname		

FORM 2 DECLARATION/STATEMENT FOR THE REGISTRATION/RE-REGISTRATION OF A BIRTH

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Regulations 8, 16, 17(3)(a)(ii) Births and Deaths Registration Act 1953, ss.9(5), 10(1)(b)(i) and (c)(i) and 10A(1)(b)(i) and (c)(i)

For use where the child's parents are not married to each other and one parent produces a statutory declaration of parentage made by the other parent.

1. Date and place of birth		CHILD	
2. Name and surname		3. Sex	
4. Name and surname FATHER			
5. Place of birth		6. Occupation	
7. Name and surname MOTHER			
8.(a) Place of birth		8.(b) Occupation	
9.(a) Maiden surname		9.(b) Surname at marriage if different from maiden surname	
10. Usual address (if different from place of child's birth)			
11. Name and surname (if not the mother or father)		INFORMANT 12. Qualification	
13. Usual address (if different from that in 10 above)			

*1. 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.

Or *2. I, **DO SOLEMNLY DECLARE** that I am the father of the child the particulars of whose birth are specified above and I request that my name should be recorded as such in the register of births.

Signature Date

Signed and declared by the above-named declarant in the presence of
Registrar of Births and Deaths / Superintendent Registrar

..... Sub-district District

** Delete as appropriate*

FORM 5 STATEMENT FOR THE RE-REGISTRATION OF A BIRTH

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Regulation 17(3)(a)(i) Births and Deaths Registration Act 1953, ss.9(5), 10A(1)(a)

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.

1. Date and place of birth		CHILD	
2. Name and surname		3. Sex	
4. Name and surname FATHER			
5. Place of birth		6. Occupation	
7. Name and surname MOTHER			
8.(a) Place of birth		8.(b) Occupation	
9.(a) Maiden surname		9.(b) Surname at marriage if different from maiden surname	
10. Usual address (if different from place of child's birth)			
11. Name and surname (if not the mother or father)		INFORMANT	
		12. Qualification	
13. Usual address (if different from that in 10 above)			

We 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.

Signatures Date

Signed and declared by the above-named declarants in the presence of Registrar of Births and Deaths - Superintendent Registrar

..... Sub-district District

FORM 6 STATEMENT BY PARENT FOR THE RE-REGISTRATION OF A BIRTH

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Regulation 17(3)(a)(iii) Births and Deaths Registration Act 1953, ss.9(5), 10A(1)(d) to (g)

For use where the child's parents are not married to each other and one of them produces a copy of a parental responsibility agreement or a certified copy of an order.

1. Date and place of birth		CHILD	
2. Name and surname		3. Sex	
4. Name and surname		FATHER	
5. Place of birth		6. Occupation	
7. Name and surname		MOTHER	
8.(a) Place of birth		8.(b) Occupation	
9.(a) Maiden surname		9.(b) Surname at marriage if different from maiden surname	
10. Usual address (if different from place of child's birth)			
11. Name and surname (if not the mother or father)		INFORMANT	
		12. Qualification	
13. Usual address (if different from that in 10 above)			

I, **DO SOLEMNLY DECLARE** that I am the "mother / father of the child the particulars of whose birth are specified above and that "the person named in space 4 above is / I am the father of that child and "is / I am named as such in the " copy of the parental responsibility agreement / certified copy of the order relating to the child and produced by me, and I request that "his / my name should be recorded as such in the register of births.

Signature Date

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

..... *Registrar of Births and Deaths / Superintendent Registrar*

..... Sub-district District

**Delete as appropriate*

FORM 9PARTICULARS OF STILL BIRTH

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Regulation 31 Births and Deaths Regulation Act 1953, ss.1(1) and (5)

STILL-BIRTH		Entry No.
Registration district		Administrative area
Sub-district		
1.(a) Date and place of birth		CHILD
1.(b) Name and surname		
2. Cause of death and nature of evidence that child was still-born		3. Sex
4. Name and surname		FATHER
5. Place of birth	6. Occupation	
7. Name and surname		MOTHER
8.(a) Place of birth	8.(b) Occupation	
9.(a) Maiden surname	9.(b) Surname at marriage if different from maiden surname	
10. Usual address (if different from place of child's birth)		
11. Name and surname (if not the mother or father)		INFORMANT
		12. Qualification
13. Usual address (if different from that in 10 above)		
14. I certify that the particulars entered above are true to the best of my knowledge and belief		
		Signature of informant
15. Date of registration		16. Signature of registrar

FORM 11 DECLARATION AS TO STILL-BIRTH

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Regulation 32(2) Births and Deaths Registration Act 1953, s.11(1)(b)

Date of still-birth

Place of still-birth

Name and surname of mother of still-born child

Usual address of mother of child

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

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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.

Signature Date

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

FORM 20 CERTIFICATE OF REGISTRATION OF BIRTH

Regulation 62 Births and Deaths Registration Act 1953, s.12

I, the undersigned, do hereby certify that the birth of a male*/female child (still-) born on the has been duly registered by me at Entry No. in my Register No.

Name of informant

Qualification of informant

Date Signature of registrar

District Sub-District

*Strike out whichever does not apply