

BIRTH CERTIFICATE APPLICATION FORM General Register Office - Government of Guyana	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">ACCESSION/ FILE NO.</td> <td style="width: 5%;">B</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>CERT. NO.</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ACCESSION/ FILE NO.	B									CERT. NO.	B								
ACCESSION/ FILE NO.	B																				
CERT. NO.	B																				

DO NOT WRITE IN SHADED AREAS ON THIS FORM – WRITE ALL INFORMATION CLEARLY IN INK – IN SECTIONS 1 TO 8 PROVIDED ALL INFORMATION ABOUT THE PERSON FOR WHOM THE BIRTH CERTIFICATE IS TO BE ISSUED.

1 LAST NAME (SURNAME)		4 DATE OF BIRTH								NS <input type="checkbox"/>
			DAY	MONTH	YEAR					OS <input type="checkbox"/>
2 FIRST NAME		5 SEX	MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>					
3 OTHER NAMES										
6 PLACE OF BIRTH	HOSPITAL <input type="checkbox"/>									
			NAME OF HOSPITAL OR INSTITUTION				LOCATION		REGION	
	OTHER <input type="checkbox"/>									
			NUMBER	STREET OR DAM		WARD OR VILLAGE		TOWN OR COUNTY		REGION
7 MOTHER'S MAIDEN NAME										
			LAST NAME		FIRST NAME		OTHER NAMES			
8 FATHER'S NAME										
			LAST NAME		FIRST NAME		OTHER NAMES			
9 NAME AND ADDRESS TO WHICH CERTIFICATE IS TO BE SENT										
			NAME				ADDRESS			

10 POST OFFICE USE ONLY												
	POST OFFICE		DATE RECV.		TRANSMITTAL NO.		ITEM NO.		RECEIPT NO.		NO. COPIES	
11 GRO USE ONLY		RECV.		OPER.		TRANS.		DESP.		AFFIX POSTAGE STAMP HERE		
	ADV	H	P	H	P	H	P	H	P			
	CLK											
	DI											
	DO											
	RMK	IC <input type="checkbox"/>	ANE <input type="checkbox"/>	TD <input type="checkbox"/>	ENT <input type="checkbox"/>	DES <input type="checkbox"/>			CERT <input type="checkbox"/>			