**BIRTH CERTIFICATE REQUEST FORM**

Please complete this form in **BLOCK CAPITALS** and print; handwritten forms will **delay processing**.

|  |  |
| --- | --- |
| 1. SURNAME
 |  |
| 1. GIVEN NAMES
 |  |
| 1. DATE OF BIRTH (dd/mm/yyyy)
 |  |
| 1. PLACE OF BIRTH
 |  |
| 1. MOTHER’S NAME

 (MAIDEN NAME MUST BE INCLUDED) |  |
| 1. FATHER’S NAME
 |  |
| 1. REGISTRATION NUMBER

*(IF KNOWN)* |  |
| 1. APPLICANT’S NAME
 |  |
| 1. POSTAL ADDRESS
 |  |
| 1. EMAIL
 |  |
| 1. PHONE
 |  |
| Signature of Applicant:Date: |
| Official Use OnlyRevenue Receipt No. :Date : |