## Application for a birth certificate

| 1 To be completed by the person applying for the certificate Your full name: Mr / Mrs / Miss / Ms *                              |
|----------------------------------------------------------------------------------------------------------------------------------|
| (*delete as applicable)                                                                                                          |
| Your postal address                                                                                                              |
|                                                                                                                                  |
|                                                                                                                                  |
| Post Code                                                                                                                        |
| Telephone no                                                                                                                     |
| Email Address                                                                                                                    |
| 2 Purpose for which certificate is required                                                                                      |
|                                                                                                                                  |
|                                                                                                                                  |
| 3 Are you applying for your own birth certificate? Yes/No If not please state your relationship to the person on the certificate |



| 4 Details of the Birth Certificate: FULL NAMES AT BIRTH (include all forenames and surname at birth)                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PLACE OF BIRTH (Full address or name of maternity home)                                                                                                                                                                                                                                                                                                                                                                                                            |
| FATHER'S/PARENT'S** FULL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| MOTHER'S FULL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| MOTHER'S MAIDEN SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5 Service required: State number of certificates                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Full certificate(£12.50) Express certificate(£38.50)                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6 Signature of applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7 The signed, completed form should be posted to South Gloucestershire Register Office, Department for Resources and Business Change, PO Box 1953, Bristol BS37 0DE. Please enclose a stamped addressed envelope.  Payment: If you prefer to pay by debit card, Visa or MasterCard please ensure you include a daytime contact phone number for us to call and take payment following receipt of your application. Please tick to confirm you wish to pay by card: |
| You can also pay by cheque or postal order, these should be made payable to South Gloucestershire Council and included with the application form.                                                                                                                                                                                                                                                                                                                  |

<sup>\*\*</sup>Parent means the mother's female partner who under the Human Fertilisation and Embryology Act 2008 is to be treated as the parent of the child