

# 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.....

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 ..... (£11) Express certificate ..... (£35)

6 Signature of applicant:

.....  
Date

7 The signed, completed form should be posted to South Gloucestershire Register Office, CE&CR Department, PO Box 1953, Bristol BS37 0DB. 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.**

\*\*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