

APPLICATION FOR A BIRTH CERTIFICATE

APPLICANT

FULL NAME:

POSTAL ADDRESS:

POSTCODE:

TELEPHONE NO.

EMAIL:

PLEASE STATE YOUR RELATIONSHIP TO THE PERSON TO WHOM THE CERTIFICATE RELATES:

DETAILS OF BIRTH CERTIFICATE REQUIRED

FULL NAME ON BIRTH CERTIFICATE:

DATE OF BIRTH:

PLACE OF BIRTH:

FATHER'S/PARENT'S* FULL NAMES:

MOTHER'S FULL NAMES:

MOTHER'S MAIDEN SURNAME:

* 'Parent' means the mother's female partner, who under the Human Fertilisation and Embryology Act 2008 is to be treated as a parent of the child.

CERTIFICATE REQUIREMENTS

PLEASE CIRCLE NUMBER OF CERTIFICATES REQUIRED: 1 2 3 4 5 6

PLEASE TICK THE SERVICE REQUIRED:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Priority one working day service posted first class to UK address £35.00 per copy |
| <input type="checkbox"/> | Priority one working day service posted to an overseas address (includes £1 extra postal charge) £36.00 per copy |
| <input type="checkbox"/> | Collect from Guildford Register Office £35.00 per copy
You will be telephoned when the certificate is ready for collection. Please do not arrive at Guildford Register Office until you have been contacted, as the certificate will not be ready for you to pick up. |
| <input type="checkbox"/> | Standard 15 working day service posted first class to UK address £11.00 per copy |
| <input type="checkbox"/> | Standard 15 working day service posted to an overseas address (includes £1 extra postal charge) £12.00 per copy |
| <input type="checkbox"/> | Collect from Guildford Register Office £11.00 per copy
You will be telephoned when the certificate is ready for collection. Please do not arrive at Guildford Register Office until you have been contacted, as the certificate will not be ready for you to pick up. |

PLEASE STATE THE REASON FOR YOUR APPLICATION:

- | | | | |
|--------------------------|-----------------------------|--------------------------|--|
| <input type="checkbox"/> | Passport application | <input type="checkbox"/> | Legal proceedings (e.g. pension, divorce, insurance) |
| <input type="checkbox"/> | Job/Recruitment application | <input type="checkbox"/> | Benefits claim |
| <input type="checkbox"/> | Driving Licence | <input type="checkbox"/> | Death related |
| <input type="checkbox"/> | School | <input type="checkbox"/> | Replacement |
| <input type="checkbox"/> | Family history research | <input type="checkbox"/> | Personal |
| <input type="checkbox"/> | Travel | <input type="checkbox"/> | Bank Account |
| <input type="checkbox"/> | Other (please specify) | | |

FOR OFFICE USE ONLY

Date of application:

Register/entry number:

Date dispatched:

Notes:

Reference number:

Certificate number(s):