

**THE REGISTRAR GENERAL'S DEPARTMENT  
P.O.BOX N-532  
NASSAU, BAHAMAS**

**TELEPHONE: (242) 323-0594/5 or 356-6704  
FAX: (242) 322-5553**

**APPLICATION FOR BIRTH CERTIFICATE**

I desire to have a search made for \* \_\_\_\_\_ copy/copies supplied off the Register of Birth of

(Enter All Names)

**A.**

Born at (Institution) \_\_\_\_\_

On the island of \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's full name \_\_\_\_\_

Mother's Full name \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Signature of applicant \_\_\_\_\_

\*Insert number of copies required

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**PAYMENT**

**CERTIFIED COPIES @ U.S. \$10.00 PER COPY: International/Postal Money Order/Bank Draft payable to "THE REGISTRAR GENERAL'S DEPARTMENT."**

**APOSTILLE FEE @U.S. \$10.00: Cashier's Check/Bank Draft payable to the "PUBLIC TREASURY."**

**PLEASE DO NOT SUBMIT PERSONAL CHEQUES OR CASH PAYMENTS.**

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**OFFICIAL USE ONLY**

**B.**

Period searched \_\_\_\_\_ By \_\_\_\_\_

Period checked \_\_\_\_\_ By \_\_\_\_\_

Certified copies made \_\_\_\_\_ By \_\_\_\_\_

Examined by \_\_\_\_\_ By \_\_\_\_\_

Copies received by \_\_\_\_\_

Registration found in year \_\_\_\_\_ At Page \_\_\_\_\_

**C.**

\_\_\_(a) No record of birth can be found on file

\_\_\_(b) Birth record shows information given about to be correct.

\_\_\_(c) Birth of male/female child recorded without name

\_\_\_(d) Father's name not recorded

Indicate with (√) Where appropriate at (a), (b), (c) or (d).