

**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 _____

Email of applicant _____

*Insert number of copies required

PAYMENT

CERTIFIED COPIES @ U.S. \$10.00 PER COPY: International 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 FOR PAYMENTS.

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).