

APPLICATION FOR A CERTIFICATE FROM THE REGISTRAR OF BIRTHS, ETC.

PLEASE USE BLOCK CAPITALS

BIRTH	DEATH	MARRIAGE	CIVIL PARTNERSHIP	FOR OFFICIAL USE
(tick appropriate box)				

A NAME OF APPLICANT

Mr/Mrs/Miss/Ms ¹
(State Name in Full)

Full postal address

Postcode Telephone No

I enclose a cheque/postal order for £ and a stamped addressed envelope.

Signature Date

Particulars of the person whose certificate is required

FULL NAME ² Forename(s) Surname(s) ³	DATE ⁴	Day	Month	Year
	DATE OF BIRTH OR AGE AT DEATH (Death Certificate only)			
	PLACE (Full address)			
MALE/FEMALE ²				

DETAILS OF OTHER PARTY (Marriage or Civil Partnership Certificate only)

Forename(s)	Surname(s) ³
FATHER'S/PARENT'S FULL NAME (Birth Certificate only) Forename(s)	MOTHER'S FULL NAMES (Birth Certificate only) Forename(s)
Surname(s)	Surname(s)
Maiden Surname	

B TYPE OF CERTIFICATE REQUIRED

(State number required in box)

Note: Abbreviated **Birth** Cert has no parental details
Abbreviated **Death** Cert has no parentage or cause of death

Abbreviated Birth	Abbreviated Death	Full Birth	Full Death	Marriage	CP Registration
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C SPECIAL PURPOSE CERTIFICATES

SOCIAL SECURITY ADMINISTRATION ACT 1992	Tick Box	EDUCATION (SCOTLAND) ACT 1980	Tick Box
FACTORIES ACT 1961		SAVINGS BANK ACT 1980 (one cert to cover Savings Bank, Savings Certificates, Savings Contracts, Premium Savings Bonds etc)	

FEE FOR CERTIFICATES AT	B	
FEE FOR CERTIFICATES AT	C	

This application form should be sent to:-

Elgin Registration Office
240 High Street
Elgin
IV30 1BA

¹ Delete where appropriate

² At Birth, Death, Marriage or Civil Partnership Registration

³ Married Woman: state maiden surname and any other surnames used

⁴ Of Birth, Death, Marriage or Civil Partnership Registration