

S.I. 57 of 2022

CIVIL STATUS ACT

(Cap. 34)

Civil Status (Notification of Birth and Death Forms) Regulations, 2022

IN EXERCISE OF THE POWERS CONFERRED BY SECTIONS 33(3) AND 81(3) OF THE CIVIL STATUS ACT, AS AMENDED, THE MINISTER RESPONSIBLE FOR HEALTH MAKES THE FOLLOWING REGULATIONS —

Citation

1. These regulations may be cited as the Civil Status (Notification of Birth and Death Forms) Regulations, 2022.

Notification of Birth Form

2. The form set out in Schedule 1 shall be the Notification of Birth Form for the purposes of the Act.

Notification of Death Form

3. The form set out in Schedule 2 shall be the Notification of Death Form for the purposes of the Act.

Variation of forms

4. The Principal Secretary responsible for health may modify, alter or add such words or phrases to the certificate contained in Schedule 1 and any such variation shall not affect the validity or regularity of the form.

**SCHEDULE 1
(Regulation 2)**

NOTIFICATION OF BIRTH

NOTIFICATION OF BIRTH

(Please note that all sections of this form must be completed wherever possible)

Facility Name : _____ Birth Record#: _____

PARTICULARS OF BIRTH

Date of Birth: DD MM YYYY Sex: [] Male [] Female Time of birth :

First Name of Child (if any): _____

Middle Name(s) 1. _____ 2. _____

Surname of Child _____

Type of Birth: Live [] Still Birth [] No of infant(s): Single Birth [] Multiple birth []

PARTICULARS OF MOTHER

First Name: _____

Middle Name(s): _____

Surname(s): _____

NIN/Passport Number _____

Address: _____

Email: _____

Country of birth: _____

Date of Birth: DD MM YYYY

Occupation/ Profession: _____

Civil Status of Mother:

Single [] Married [] Divorced [] Widowed [] Number of previous births for the Mother: _____

I _____ (Print name), hereby certify that the above information which I have given to the Officer of the Civil Status is true and correct to the best of my knowledge, information and belief.

Signed: _____

Date: DD/MM/YYYY

Witness by: _____

Full Name of Witness

Signature

DD/MM/YYYY

**SCHEDULE 2
(Regulation 3)**

NOTIFICATION OF DEATH

NOTIFICATION OF DEATH

(Please note that all sections of this form must be completed wherever possible)

Medical Facility: _____ Death Record#: _____ Entry date: DD-MM-YYYY

PARTICULARS OF DEATH

First Name: _____

Middle Name(s) 1. _____ 2. _____ 3. _____

Surname _____ NIN _____

Telephone _____ Email _____

Alias: _____ Sex: Male [] Female []

Date of Death: DD MM YYYY Date of Birth: DD MM YYYY

Place of Death: _____ Island: _____

Civil Status: Single [] Married [] Divorced [] Widowed []

Last Known Address:

Country of Birth: _____

I _____ (Print name), hereby certify that the above information which I have given to the Officer of the Civil Status is true and correct to the best of my knowledge, information and belief.

Signed: _____

Date: DD/MM/YYYY

MADE this 20th day of April, 2022.

**PEGGY VIDOT
MINISTER FOR HEALTH**
