

GENERAL SEARCH FORM FOR BIRTH/DEATH CERTIFICATE

GENERAL SEARCH	
PLEASE COMPLETE THIS FORM IN BLOCK LETTERS (DELETE WHERE APPROPRIATE)	
NAME & ADDRESS OF APPLICANT	
TELEPHONE NUMBER	
FULL NAME OF CHILD AT TIME OF BIRTH	
DECEASED	
PLACE OF BIRTH	
DATE OF BIRTH/DEATH	
FULL NAME OF FATHER	
FULL NAME OF MOTHER	
DATE OF REGISTRATION	
ENTRY NUMBER (THE FIGURE SHOWN WITHIN THE CERTIFICATE SHOWN AT THE TOP RIGHT HAND SIDE)	

OTHER PARTICULARS WHICH COULD HELP TO TRACE THIS ENTRY/ENTRIES	
---	--

PLEASE ATTACH A PHOTOCOPY OF THE ORIGINAL CERTIFICATE IF POSSIBLE FOR EASE OF REFERENCE
