



## REQUEST FOR BIRTH CERTIFICATE

Name of Requesting Org.:

*(If applicable)*

\_\_\_\_\_

Name of Applicant:

\_\_\_\_\_

*(First Name)*

*(Middle Name)*

*(Last Name)*

Date of Birth:

\_\_\_\_\_

*(Day / Month / Year)*

Place of Birth:

\_\_\_\_\_

*(Parish)*

Father's Name:

\_\_\_\_\_

*(First Name)*

*(Last Name)*

Mother's Name:

\_\_\_\_\_

*(First Name)*

*(Maiden Name)*

Fee Enclosed:

**US\$ 8.00**

*(Amount)*

*(US\$7.00 fee and US\$1.00 regular return postage)*

Make **International Postal Order** *(from Post Office*

**ONLY**) payable to:

**Deputy Registrar**

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEND FORM AND FEE TO:**

**Deputy Registrar General**

Births, Deaths and Marriage Certificates

Ministry of Health

Ministerial Complex

Botanical Gardens

Tanteen, St. George's

GRENADA, W. I.

Tel (473) 440-2806