Vital Statistics Registration

Cap. 192A.

VITAL STATISTICS REGISTRATION (FORMS AND FEES) REGULATIONS, 1981

1981/88. 2005/70.

Authority: These Regulations were made on 28th January, 1981 by the Registrar and approved by the Minister under section 46 of the *Vital Statistics Registration Act*.

Commencement: 28th January, 1981.

- 1. These Regulations may be cited as the Vital Statistics Registration (Forms and Fees) Regulations, 1981.
- **2.** The forms prescribed in the *First Schedule* to these Regulations First are to be used in all matters to which they relate.

 Schedule.
- **3.** There shall be paid in respect of the matters specified in Column 1 of the *Second Schedule* to these Regulations the fees set out opposite thereto in Column 2 of that *Schedule*.

 Schedule.

 $Form\,A$



 $(Regulation\ 2)$

(*Section 8(1)*)

Vital Statistics Registration Act, Cap. 192A

NOTICE RESPECTING THE BIRTH OF A CHILD

| Name (if any) |
|--|
| Date of birth |
| Place of birth |
| Sex |
| Name of father |
| Name of mother |
| Residence of father |
| Residence of mother |
| Occupation of father |
| Occupation of mother |
| Name of children mother has previously borne |
| Name of person attending at birth |
| Profession of person attending at birth |

Vital Statistics Registration (Forms CAP. 192A and Fees) Regulations, 1981 A4A L.R.O. 2007

| Name of informant |
|---------------------------------|
| Abode of informant |
| Signature of informant |
| Signature of District Registrar |
| Date of registration |
| Registration Number |
| National Registration Number |

Vital Statistics Registration (Forms and Fees) Regulations, 1981

CAP. 192A

BARBADOS



Form B

(Section 11(1))

Vital Statistics Registration Act, Cap. 192A

APPLICATION FOR REGISTRATION OF BIRTH AFTER ONE YEAR

THE LAWS OF RARRADOS

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Form C

(Section 11(2)(c))

Vital Statistics Registration Act, Cap. 192A

STATUTORY DECLARATION I, * of ** do solemnly and sincerely declare as follows: 1. I am *** To the best of my knowledge a child was born to me **** which birth was not notified within 28 days thereafter as required by the Vital Statistics Registration Act, Cap. 192A. 3. To the best of my knowledge, information and belief the particulars stated in the attached notice of birth are correct. AND I make this solemn declaration conscientiously believing the same to be true. **DECLARED** at this day of Declarant BEFORE me: Justice of the Peace **Explanatory Notes**

- * Name of declarant.
- ** Address of declarant.
- *** Description of declarant and connection, if any with child.
- **** Or give name of child's mother.



Form D

(Section 13(2)(a))

Vital Statistics Registration Act, Cap. 192A

STATUTORY DECLARATION

| I, do solem | * nly and sincerely declar | of ** |
|-------------------|---|--|
| ao sotem | my and sincerery decial | c as follows. |
| 1. | I am *** | |
| 2. | On **** | |
| 3. in the atta | To the best of my ached notice of birth are | knowledge, information and belief the particulars stated true. |
| be true. | AND I make this s | olemn declaration conscientiously believing the same to |
| DECLAR this da | ay of | |
| ,19 | , , | Declarant |
| BEFORE | E me. | Justice of the Peace |
| Explana | tory Notes | |
| | of declarant. | |
| | ess of declarant. | |
| | ription of declarant. | adia a se sha aki1d |
| TTT GIV | e facts relating to the fir | naing of the chila. |

THE LAWS OF BARBADOS

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Form E

(Section 13(2)(b))

Vital Statistics Registration Act, Cap. 192A

STATUTORY DECLARATION

| | T # | of ** |
|---------------------|--|---|
| do solemnly | I, * and sincerely declare as follows: | oi · · |
| 20 2022 | | |
| 1. | I am a *** | |
| | | ns of the district registrar for District attached notice of birth for the purpose of cluded that: **** |
| 3. result of my | To the best of my knowledge ar examination of the said child are | d experience the conclusions reached as a |
| be true. | AND I make this solemn declara | tion conscientiously believing the same to |
| DECLAREI this da | O at ay of | |
| ,19 | . , | Declarant |
| BEFORE m | e: | |
| Explanator | y Notes | Justice of the Peace |
| * Name of o | leclarant. of declarant. | |

- *** Full description and qualifications of declarant.
- **** State conclusions.



Form F

(Section 14(2)(c))

| Vital Statistics Regi | stration Act, Cap. 192A |
|--|---|
| STATUTORY | DECLARATION |
| I, * | of ** |
| do solemnly and sincerely declare as follow | ws: |
| 1. I am*** | |
| 2. I am requesting the Registration respect of the registration of a birth made for the following reason(s): | |
| (i) (ii) (iii) (iv) | |
| 3. To the best of my knowledg the request are true. | e, information and belief the reasons given for |
| AND I make this solemn deebe true. | claration conscientiously believing the same to |
| DECLARED at this day of ,19 . | Declarant |
| BEFORE me: | Justice of the Peace |
| Explanatory Notes | |
| * Name of declarant ** Address of declarant *** Description of declarant and connection **** Insert one of the following words: altar. change, insert. | on (if any) with the child. |

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Form G

(Section 16(1))

Vital Statistics Registration Act, Cap. 192A

NOTICE RESPECTING STILL-BIRTH

| | · |
|----------------------------------|---|
| Date of birth | |
| Place of birth | |
| Sex | |
| Name of father | |
| Name of mother | |
| Residence of father | |
| Residence of mother | |
| Occupation of father | |
| Occupation of mother | |
| Number of children mother has | |
| previously borne | |
| Name of person attending at time | |
| of birth | |
| Name of informant | |
| Abode of informant | |
| Signature of informant | |
| Proposed date of burial | |
| Proposed place of burial | |
| Signature of Funeral Director | |
| Signature of District Registrar | |
| Date registration | |



Form H

(Section 16(2))

Vital Statistics Registration Act, Cap. 192A

| | | | • • • | |
|--------------|-----------------------|-----------------|--------------------------|---|
| | MEDICA | L CERTIFICATE O | F STILL-BIRTH | |
| Name of M | other | | | |
| Date of birt | th of child | | ••••• | |
| Place of bir | th | | | |
| mentioned: | | | dance at the still-birth | |
| | CA | USE OF THE STIL | L-BIRTH | |
| | (a) (b) (c) | | | |
| | Dated this | day of | ,19 | |
| | | | | |
| Address | | | ••••• | •••••••••• |
| Signature o | of District Registrar | | ••••• | *************************************** |
| Date of Re | gistration | | | |
| Note: | This medical co | | th is to be delivered | d to the funeral |

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Form I

(Section 20(1))

Vital Statistics Registration Act, Cap. 192A

NOTICE OF DEATH

| Name | |
|---------------------------------|--|
| Registration Number (if any) | |
| Age | |
| Marital Status | |
| Date of Death | |
| Place of Death | |
| Sex | |
| Rank or profession | |
| Country of Birth | |
| Name of informant | |
| Residence of informant | |
| Signature of informant | |
| Proposed date of Burial | |
| Proposed place of Burial | |
| Signature of Funeral Director | |
| Signature of District Registrar | |
| Date of registration | |
| National Registration Number | |

BARBADOS Form J 2005/70.



(*Section 22(1)*)

Vital Statistics Registration Act Cap. 192A

MEDICAL CERTIFICATE OF DEATH

| Name of deceased person | | |
|--|-------------|---------------|
| Address | | |
| Sex | Age | |
| Duration of Illness | | |
| I hereby certify that the abovement and was last seen alive by me on the | 1 0 | • |
| 20 , died on the day of | day of , 20 | , and that to |
| the best of my knowledge and belief the | | |

| CAUSE OF DEATH PART I | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|--|
| Disease or condition directly leading to death* | (a) due to (or as a consequence of) | |
| Antecedent Causes Morbid conditions, if any, giving rise to the above | (b) due to (or as a consequence of) | |
| cause, stating the underlying condition last. | (c)due to (or as a consequence of) | |
| | (d) | |
| PART I | Ι | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | (a) | |
| *This does not mean the mo- failure, respiratory failure. I injury or complication that ca | ode of dying, e.g. heart It means the disease, | |
| Dated this d | ay of | _, 20 |
| Signature and Qualifications | | |
| Address | | |
| Signature of District Registra | ır | |
| Date of Registration | | |
| Note: This medical certificatin charge of the body. | | ered to the funeral director |

BARBADOS Form K



(Section 25(1))

Vital Statistics Registration Act, Cap. 192A

APPLICATION FOR REGISTRATION OF DEATH AFTER ONE YEAR

TO THE REGISTRAR OF THE SUPREME COURT

Date.:

| I, |
|--|
| of |
| lo hereby make application for the registration of the death of |
| notwithstanding the expiration of one year from the date of death. |
| |
| |
| Signature of Applicant. |

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Form L

(Section 25(2)(c))

Vital Statistics Registration Act, Cap. 192A

STATUTORY DECLARATION

| of ** | I, * |
|-----------------------------|---|
| | and sincerely declare as follows: |
| 1. | I am *** |
| 2. within 5 day 192A. | To the best of my knowledge the death of**** was not notified ys thereafter as is required by the Vital Statistics Registration Act, Cap. |
| 3. in the attache | To the best of my knowledge, information and belief the particulars stated ed notice of death are correct. |
| be true. | AND I make this solemn declaration conscientiously believing the same to |
| DECLAREI this da | |
| BEFORE me | e: Justice of the Peace |
| Explanator | y Notes |
| • | |

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Form M

(Section 26(1))

Vital Statistics Registration Act, Cap. 192A

CERTIFICATE OF REGISTRATION OF DEATH

| I, | |
|---------------------------------|-------------------------------------|
| district registrar for District | do hereby certify that the death of |
| | was |
| duly registered by me on the | day of |
| 19 | |
| WITNESS my hand this | day of 19 |
| | |
| | District Registrar |



Form N

(Section 27(2))

Vital Statistics Registration Act, Cap. 192A

| ••• |
|-----|
| |
| |
| ••• |
| ••• |
| |
| ••• |
| |

Date:



Form O

(Section 28)

Vital Statistics Registration Act, Cap. 192A

CORONER'S ORDER FOR BURIAL

| I, |
|--|
| Coroner for Districtdo hereby order the burial of the body shown |
| to me as the body of |
| WITNESS my hand this day of / |
| |
| Coroner |



Form P

(Section 34(1))

Vital Statistics Registration Act, Cap. 192A

BIRTH CERTIFICATE

| Registration Number | |
|--|---------------------------------|
| When born | |
| Name | |
| Sex | |
| Name and Surname of Father | |
| Name and Maiden Name of Mother | |
| Residence of Father | |
| Residence of Mother | |
| Occupation of Father | |
| Occupation of Mother | |
| Date Registered | |
| Name and Abode of informant | |
| National Registration Number | |
| registration of the birth of the person un | |
| Dated the | day of 19 |
| | |
| | |
| | Registrar of the Supreme Court. |

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Form Q

(Section 34(1))

Vital Statistics Registration Act, Cap. 192A

DEATH CERTIFICATE

| Name | |
|---------------------------------|--|
| Age | |
| Marital Status | |
| Date of Death | |
| Place of Death | |
| Sex | |
| Date of Registration | |
| Registration Number (if any) | |
| National Registration Number | |

| egistration | | hat the above particulars have berson under reference. | een compiled from the |
|-------------|-----------|--|-----------------------|
| | Dated the | day of | 19 |
| | | Registrar of th | e Supreme Court. |

SECOND SCHEDULE

(Regulation 3)

| Column 1 | | Column 2 | |
|---|----|----------|--|
| | \$ | c | |
| Application for the late registration of a birth after 1 year of that birth | | 20.00 | |
| 2. Application for the late registration of a death after 1 year of that death | | 20.00 | |
| 3. Issue of a birth certificate where the person to whom it relates is | | | |
| (a) under 60 years of age | | 5.00 | |
| (b) 60 years or over | | 1.00 | |
| 4. Issue of a marriage certificate | | 5.00 | |
| 5. Issue of a death certificate | | 5.00 | |
| 6. Issue of a certified copy of the registration of birth, death or still birth | | 10.00 | |
| 7. Search of any yearly index or yearly register | | 2.00 | |

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