

REQUEST FOR REPLACEMENT BIRTH CERTIFICATE

The following form needs to be completed in its entirety in order to apply for your Replacement Birth Certificate.

| Applicant's Surname (Last Name): | | Applicant's Mai | iden Name (If Applicable): |
|--|------------------|--|----------------------------|
| Applicant's First Name: | | Applicant's Middle Name (If Applicable): | |
| Applicant's Date of Birth: | | Applicant's Place of Birth (Parish): | |
| Applicant's Cellular No.: | Applicant's E-Ma | ail Address: | |
| Date of Marriage: | | Parish of Marriage: | |
| Mother's First Name and Maiden Name: | | | Mother's Date of Birth: |
| Mother's Place of Birth (Parish): | | Applicant's R | eturn Address: |
| Fee £5.00. (£4.00 fee and £1.00 for regular return postage. Send payments through MoneyGram payable to:Ms. Anthonia James Please forward tracking number and form by Email to: birthdeathgov@gmail.com | | | |

To: DEPUTY REGISTRAR GENERAL

Births, Deaths and Marriage Certificates
Ministry of Health
Ministerial Complex
Botanical Gardens
Tanteen
St. George's
GRENADA, W. I.
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