

PLEASE READ THE FOLLOWING NOTES TO HELP YOU COMPLETE THE APPLICATION FORM

THE ATTACHED APPLICATION FORM SHOULD BE COMPLETED IN CAPITAL LETTERS. THE INFORMATION PROVIDED SHOULD BE AS ACCURATE AS POSSIBLE. ALL SECTIONS OF THE APPLICATION FORM SHOULD BE FULLY COMPLETED.

INCOMPLETE APPLICATIONS WILL BE RETURNED

Section 1 Applicant (Person Applying)

- (Box a)** Insert the full name of the person applying for the certificate and the address to which the certificate is to be forwarded. A daytime telephone number should be included, where you can be contacted if necessary.
- (Box b)** State if you are applying for your own certificate, if not, please go to Box c.
- (Box c)** State your relationship to the person to whom the certificate relates.
- (Box d)** Give the reasons the certificate is required ie passport, driving licence etc.

Section 2 Details of Adopted Person whose Certificate is Required Failure to provide full information may prevent GRO from being able to issue information/certificate you have requested.

- (Box a)** Give details of the adopted person whose certificate is required.
- (Box b)** Give details of the person's adopted parents.
- (Box c)** Give the name of the Court which made the order and the date it was made if known.

Section 3 Number and Type of Certificate(s) Required

State the number of full, short or statutory birth certificates required.

Full Birth Certificate: This shows adoptive name and surname, country of birth, adoptive parent's names, address and occupation, date of adoption order and description of court by which the order was made.

Short Birth Certificate: This shows only the adoptive surname, name, date of birth and the district/place of birth. Such a certificate is generally accepted for purposes for which evidence of age only is required.

Additional Copies: Where two or more certified copies of the same entry are applied for at the same time, the first copy will be charged at the full fee and any additional copies at a reduced fee.

Statutory Certificate: A letter issued by the Social Security Agency/Education and Library Board is required. **NB. These certificates may only be used for the purposes provided.**

Section 4 Signature

Please sign and date the form whether or not you are paying by credit card.

Section 5 Payment

- (Box a)** Indicate your method of payment - cash (if applying in person) cheque, postal order. Cheques or postal orders should be made payable to 'The Registrar General'. For postal applications please ensure the correct fee is enclosed as refunds cannot be made. **PLEASE DO NOT SEND CASH BY POST.**
- (Box b)** Complete this section if you are paying by credit card.

Birth Certificate Application of Adopted Children (N.I.)

* ALL SECTIONS OF THE FORM SHOULD BE FULLY COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

* Please complete Sections 1, 2, 3 in CAPITAL letters and sign at Part 4.

* This form should only be completed for persons whose adoption was registered in N.I.

Office Use

Date / /

Tie Up Nos.

Reference no.

For purposes of detection and prevention of crime, information relating to this application may be passed on to other Government or Law Enforcement Agencies.

Section 1 Applicant (Person Applying)

(a) Full name _____
 Full postal address _____

 _____ Postcode _____
 Daytime telephone no. _____
 email address _____

(b) Are you applying for your own certificate? Yes No

(c) If No, please state your relationship to the person whom the certificate relates _____

(d) Please give reasons for wanting a certificate: ie. passport, driving license etc.

Section 2 Certificates / Search from Adopted Children Register (from 1 January 1931 only)

(a) Adopted person Surname Forename(s) Date of Birth

(b) Name of Adopters Father Surname Forename(s)
 Mother _____

(c) Adoption Order Name of Court which made the order Date of order

Section 3 Number and Type of Certificate(s) required

FULL SHORT STATUTORY
(additional copies of the same entry will be charged at the reduced fee.) (Proof from SSA/Education & Library Board required)

Section 4 Signature (Must be completed)

Your signature _____ Date _____

Section 5 Payment

(a) I enclose cash (if applying in person), cheque / postal order for _____ made payable to REGISTRAR GENERAL. (For postal applications please enclose the correct fee as refunds cannot be made.)

(b) or debit my
 Maestro
 Visa by £ _____ card no. _____ Issue Number (Maestro only) _____
 Mastercard Cardholders name (CAPITAL letters) _____ expiry date _____
(Please tick appropriate box)

Please return to: The Registrar General, Oxford House, 49/55 Chichester Street, Belfast BT1 4HL.



Name: _____
 Address: _____

 Postcode: _____

PLEASE FILL IN YOUR NAME AND FULL POSTAL ADDRESS ON THE STICKER, TO ASSIST US IN SENDING OUT YOUR CERTIFICATE PROMPTLY.