



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