

# Registrar General Department

*Vital Statistics Unit  
Cor. New Road & Hydes Lane  
Belize City, Belize*



*Established 1997  
Telephone: 501-223-5625  
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**GOVERNMENT OF BELIZE**

## **REGISTRAR GENERAL DEPARTMENT**

### **RE: LATE REGISTRATION OF BIRTH/DEATH**

This instrument is executed in Accordance with Provision of Section 18 of the Registration of Births and Deaths Act, Chapter 122 of the Laws of Belize, RE. 1980.

Except for signatures, please **PRINT ALL** information in **BLOCK CAPITAL LETTERS**.

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- (a) Two declarations to be made on the prescribed forms - one by the mother, or failing her, some who has known of the birth. This main declarant must state on the form, his or her age and relationship to the person concerned, the names of the parents, the person's full name, the exact date, month, year, district of birth, the reason why the birth was not registered, and the cause of the delay in securing registration before now. The other declaration must be made by a reliable person, who know of the birth and who is at least ten years older than the person concerned.

Each declaration must be signed in the presence of a Justice of the Peace by the declarant and carries a \$1.50 stamp.

- (b) A fee of \$5.00 is payable upon the approval of each late registration.
- (c) One of the following must be produced in order of priority for **BIRTH**:
1. Hospital record or Certificate of Registration
  2. Baptismal record
  3. Attached School record form must be completed and signed by the present principal of the first school attended by the person concerned
- (d) A complete list with full names of all other children (alive or dead) born to the mother, giving the district, and date of birth in each case. (see form attached)
- (e) One of the following must be produced in order of priority for **DEATH**:
1. Death certificate
  2. City Council or Town Board record of burial
  3. Church record of service

**REGISTRAR GENERAL**

**GOVERNMENT OF BELIZE**

**REGISTRAR GENERAL DEPARTMENT**

**STATUTORY DECLARATION FOR LATE RECORDING OF BIRTH OR DEATH**

Please **PRINT ALL** information in **BLOCK CAPITAL LETTERS**. The more information provided, the better the chances for prompt, accurate service.

**PURPOSE OF THIS DECLARATION (Tick one):**

\_\_\_\_\_ Late recording of Birth.

\_\_\_\_\_ Late recording of Death.

**Section 1 (Must be completed for ALL PURPOSES)**

Date of Birth or Death: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

Place of  
BIRTH or \_\_\_\_\_  
DEATH Hospital, Home or Other Location

\_\_\_\_\_ Village

\_\_\_\_\_ District

**Individual's**

Name: \_\_\_\_\_  
Christian (First) Middle Surname

**Section 2 (Must be completed for ALL PURPOSES)**

Reason(s) for the delay in effecting the registration of the birth or death within the specified period following the occurrence of the birth or death.

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

**GOVERNMENT OF BELIZE**  
**REGISTRAR GENERAL DEPARTMENT**  
**SCHOOL ADMISSION RECORD**

Used by School Officials to certify facts about a Child in a School's Admission Register.

Please **PRINT ALL** information except signatures, in **BLOCK LETTERS**.

This is a copy of the information contained in the official School Admission Register.

Child's

Name: \_\_\_\_\_  
                    Christian (First)                      Middle                      Surname

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
                    Date      Month      Year

Date of Admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                    Date      Month      Year

Parent/

Guardian Names: \_\_\_\_\_  
                                    Christian (First)                      Middle                      Surname

I certify that the above particulars were extracted from the School Admission Register of

\_\_\_\_\_ School Located at \_\_\_\_\_

in the district of \_\_\_\_\_ .

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Date*

Note:

Kindly affix school stamp below. If there is no school, kindly make an appropriate note to this effect on the form and sign same.

**(TO BE COMPLETED FOR DEATH ONLY)**

Age at time of Death: \_\_\_\_\_ Years.

Cause of Death: \_\_\_\_\_

Attending Physician's Name: \_\_\_\_\_

Date of Burial: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

**Section 4 (Must be completed for ALL PURPOSES)**

**D  
E  
C  
L  
A  
R  
A  
N  
T  
S**

Name: \_\_\_\_\_  
                    Christian (First)                      Middle                      Surname

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_                      District: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_                      Age: \_\_\_\_\_

I, the undersigned, do solemnly and sincerely make this declaration conscientiously believing the information to be true, and by virtue of the provisions of Section 18, Chap. 122 of the Laws of Belize, R.E. 1980.

Declarant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TAKEN AND ACKNOWLEDGED** before Me,

\_\_\_\_\_  
*Justice of the Peace Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*District*

\_\_\_\_\_  
*Signature of Justice of the Peace*

