

| | |
|------------------------|--------|
| Office Use | CP No: |
| Date/...../..... | |
| Tie Up nos. | |
| Reference no. | |

Stillbirth Certificate Application (Northern Ireland)

Please note: You must be the mother or father in order to apply for a Stillbirth Certificate.

1. Still birth Details:

| |
|----------------------------|
| Full Name: |
| Male or Female: |
| Date of Stillbirth: |
| Place of Stillbirth: |
| Mother's Name |
| Mother's Maiden Name: |
| Mother's Address at Time : |
| Father's Name: |

2. Type of Certificate:

Full ~~£12.00~~ ^{£15}
(Additional copies ~~£6~~ ^{£3})

Search Only
~~£7.00~~ per 5
year period)

3. Applicant Details:

PLEASE STATE YOUR RELATIONSHIP: MOTHER FATHER

| | |
|------------|--|
| Name: | |
| Address: | |
| Telephone: | |

4. Payment

(a) You can pay by cash, cheque or postal order

(b) You can pay by credit card like Visa, Mastercard or Maestro

| | |
|----------------------|------------------------|
| Card No. | Issue Number (Maestro) |
| <input type="text"/> | <input type="text"/> |

(c) Amount £

Card holders name (CAPITAL Letters)

NOT TO BE FILLED IN BY APPLICANT
For Office Use Only

Stillbirth Application

First search

Check search

Result

By Date

Notes

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Entry to be offered *Action taken*

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Fees

| Number | | |
|------------------|----------|----------|
| | Full | £ |
| | Short | £ |
| | Stat | £ |
| | Priority | £ |
| | Other | £ |
| TOTAL DUE | | £ |

APP FORM

Cashier/
Completed by Date

Indexed by Date

Checked by Date

Stamped by Date

REFUND

Refund Schedule No

Received by

Cashier Date

RECEIPT

TOTAL REC'D

| | |
|-------------------------|----------|
| Req/cash/PO/Credit card | £ |
| ra fees | £ |
| Req/cash/PO/Credit card | £ |
| GRAND TOTAL | £ |
| TOTAL DUE | £ |
| unds / retained | £ |
| s / postage | £ |

STILLBIRTH