

# CERTIFICATE OF NON-BAPTISMAL NAME

WITHIN TWO YEARS OF THE DATE OF BIRTH

## SECTION A

- To be completed by
- Both parents; or
  - The surviving parent; or
  - The guardian (if both parents deceased)

I / We,

of

Postcode

Daytime Telephone Number:

certify that the male / female child born (full address)

at

on the  day of  20

to  Father

and  Mother

And, not having been baptised, was

named

Signed  Father

Signed  Mother

or

Guardian

Date  /  /

## SECTION B

Fees

Name Change Fee	£15.00	
Certified Copy of Birth Entry	£12.00	or
If current Birth Certificate is forwarded with application	£6.00	

## SECTION C

Birth Certificate

Number and type of certificate(s) required:

number  FULL

number  SHORT

Where a name given other than in baptism is entered in a birth entry this is done by means of a note in the margin of the entry, the name already entered cannot be removed.

The marginal note must be reproduced in a full birth certificate but the name in the margin supersedes the name(s) in space 2 and becomes the child's proper name.

A short birth certificate is compiled from the particulars in the entry and in this case the name in the marginal note is shown in space 2.

## SECTION D

(a) enclose case (if applying in person) cheque/postal order for  £ Made payable to REGISTRAR GENERAL

(b) or debit my  Maestro  Visa  Mastercard  by  £ Issue Number (Maestro only)   
(Please tick appropriate box) Card Number

Cardholder's Name  Expiry Date

(c) your signature  Date

## SECTION E

Please return to:

The Registrar General  
Oxford House  
49-55 Chichester Street  
Belfast  
BT1 4HL

Telephone: 101 (or +44 (0)28 91513101 if calling from outside NI)  
Website: [www.nidirect.gov.uk](http://www.nidirect.gov.uk)  
Opening hours 9.30am – 4.00pm (Monday – Friday, excluding bank holidays)

Your application should be processed within 15 working days (3 weeks) from the date on which all the relevant and correct information is received in the General Register Office.

Registration Name		Office Use
Entry No.	<input type="text"/>	<div style="border: 1px solid black; padding: 10px; text-align: center;">Receipt</div>
In the register for	<input type="text"/> District	
Entered by	<input type="text"/> Assistant/Deputy Registrar General	
Date	<input type="text"/>	