Stillbirth Certificate Application	n (Northern Ireland)
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- * ALL SECTIONS OF THE FORM SHOULD BE FULLY COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.
- * This form should only be completed for stillbirths that occurred in Northern Ireland.
- * Please complete Sections 1, 2, 3 in CAPITAL letters and sign at Part 4.

Section 1 Applicant (Person Applying)

(a) Full name Full postal address											
					Postco	de:					
Daytime telephone no.											
Email address											
(b)	^{b)} Please state your relationship to the person whom the certificate relates										
(c)	(c) Please give reasons for wanting the certificate:										
Section 2 Details of Person whose Certificate is Required Place of Stillbirth Date of (Hospital Name or Address of Date of											
	r	Surname		Forename(s) (if applicable)		le)	Stillbirth		1	Place of Stillbirth)	
(a)	Details of										
	child										
(b)	Sex of child	Male]	Female							
		Surname	9	Foi	rename(s)					M	other's address
(c)	Father					Maide		den S	len Surname		(at time of child's birth)
	Mother									_	
Se	ction 3 Num	ber and Typ	e of Ce	ertificate(s	s) required	d					
	Full Certif	icate 🗖			S	earch	Only le	etter			
(additional copies of the (5 year inclusive period) same entry will be charged at the reduced fee)											
Se	ction 4 Signa	ture (Must be	complet	ed)							
Your signature Date											
Se	ction 5 Payn	nent (for pos	stal ap	olications	only)						
(a) I enclose cheque / postal order/ credit/debit card details for					REGISTRAR GENERAL please			stal applications enclose the correct efunds cannot be			

Please read our privacy notice to see how we use and protect your personal information at www.finance-ni.gov.uk/publications/nisra-privacy-notices

CP No.

Office Use

CALL / POST Mon / Tues / Wed / Thurs / Fri

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 your relationship to the person to whom the certificate relates.					
	(Box c)	Give the reasons the certificate is required					
Section 2		erson whose Certificate is Required ovide full information may prevent GRO from being able to issue information/certificate nuested.					
	(Box a)	Give details of the person whose certificate is required. This information is mandatory and should be filled in, if not, it could result in the return of the application form.					
	(Box b)	State the sex of the child.					
	(Box c)	Give details of the child's parents.					
Section 3	Number and	d Type of Certificate(s) Required					
		State the number of certificates required.					
Stillbirth Certificate:		This shows all details related to the stillbirth including place of birth, mother's and father's names, mother's maiden name and the residence at the time of birth.					
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 rate and any additional copies at a reduced fee.					
Search Only:		A search of the registers will be carried out within the 5 year period stated in this application - No Certificate will be produced . However, you will receive a letter stating the outcome of the search.					
Section 4	Signature	Please sign and date the form.					
Section 5	<i>Payment</i> (Box a)	Indicate your method of payment - cash (if applying in person) cheque, postal order or credit/debit card. Cheques or postal orders should be made payable to 'The Registrar General'. For postal applications please ensure the correct					

IF YOU HAVE FURTHER QUESTIONS OR REQUIRE HELP WITH THIS APPLICATION FORM. PLEASE CONTACT THE GENERAL REGISTER OFFICE ON THE TELEPHONE NUMBER LISTED OVERLEAF, OR EMAIL gro_nisra@finance-ni.gov.uk

POST.

fee is enclosed as refunds cannot be made. PLEASE DO NOT SEND CASH BY

STILLBIRTH CERTIFICATE APPLICATION NOTES FOR GUIDANCE

		NUTES FUR GUIDANCE				
HOW DO I A	PPLY?					
Ŕ	In Person :	By taking your application form to the General Register Office. The office is open Monday to Friday 9.30am - 4.00pm (Closed Public, Bank and NI Government Holidays).				
	By Post :	By forwarding the application form and fee to : The General Register Office Colby House Stranmillis Court BELFAST BT9 5RR				
HOW LONG	WILL IT TAKE?					
	All Applications:	Normally processed within FIVE working days of the application being received. This may take longer during busy periods.				
Priori	ity Applications :	Priority applications attract an extra fee in addition to the cost of the certificate. Priority applications will be issued as follows:				
		On the same working day if received by 12.00 noon. If received after 12.00 noon, the certificate will be dispatched on the next working day.				
	Collection:	Certificates may only be ordered for collection in person at our office. Non-priority applications will be ready to collect on the third working day.				
While Y	ou Wait Service:	GRO offer a While You Wait Service for priority applications. Waiting times will be approximately 20 – 30 minutes.				
HOW DO I P	472					
	In Person:	You can pay by cash, cheque, postal order or credit/debit card.				
	By Post:	You can pay by cheque or postal order made payable to 'The Registrar General' or by credit card. Payment from abroad may be made by cheque , international money order or credit card. Cheque, money order and credit card orders should always be expressed in STERLING. PLEASE DO NOT SEND CASH.				
	FEES:	For the current fees, please visit <u>www.nidirect.gov.uk/gro</u>				

Searching by GRO Staff

If the search is likely to be too time consuming because of lack of information, we cannot undertake the task. The applicant should conduct the search personally or arrange for someone else to search on their behalf, at The General Register Office, Colby House, Stranmillis Court, Belfast BT9 5RR or in the GRO Section at the Public Records Office Northern Ireland, 2 Titanic Boulevard, Belfast BT3 9HQ.

Payment Mandate Form for Postal Applications

Contact details:

GENERAL REGISTER OFFICE COLBY HOUSE STRANMILLIS COURT BELFAST BT9 5RR Telephone: 0300 200 7890 (within UK) or +44 300 200 7890 (outside UK) Website: <u>www.nidirect.gov.uk/articles/ordering-life-event-certificates</u> Email: gro_nisra@finance-ni.gov.uk

Fees and payment methods

Details of fees payable are available on <u>www.nidirect.gov.uk/articles/ordering-life-event-certificates</u>; or By contacting us using the telephone number above.

Payment can be made by post with a cheque or postal order made payable to "Registrar General". Cash should not be sent in the post.

Should you wish to pay by credit/debit card please fill in the instruction below and include it with your application.

ALL PAYMENTS BY POST SHOULD BE FORWARDED TO THE GENERAL REGISTER OFFICE AT THE ABOVE ADDRESS

We can also accept payment by credit/debit card or cash at our office.

Please note: if you are completing your credit/debit card details, we recommend that you use a secure form of posting. This payment mandate form will be destroyed once payment has been confirmed.

For security reasons we cannot accept payment details by e-mail and payments cannot be made online for these applications.

Payment should be made in pounds sterling.

Credit/debit card instruction

Applicants Name						
<i>Type of card</i> Mastercard 🗖	Visa	Switch/Ma	aestro or So	olo 🗖	Visa Electi	on 🗖
Card Number						
Security number (th strip)	e last three num	nbers shown on yc	our cards si	gnature		
Expiry date		Issue No. (Switch/Maestro	or Solo)		Valid from date.	
Total Fee £		Cardholde signature:	rs			
Cardholders name: (BLOCK CAPITALS)						
Cardholders						
Full Address						
Telephone No.			Email:			