



**NEVIS ISLAND ADMINISTRATION**  
Registrar General Department

Administration Building  
Main Street  
Charlestown  
Nevis

Tel: (869) 469 5521 Ext. 2054  
Fax: (869) 469 5629  
Email: Registrargeneralnev@niagov.com

***MAIL IN BIRTH CERTIFICATE APPLICATION***

**Name of Person:** \_\_\_\_\_  
*(Person whose certificate you are requesting)*

**Mothers Name:** \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
*(DD/MM/YYYY)*

**Parish/Place of Birth:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_  
*(Person applying for birth certificate)*

**Relationship of Applicant to Person:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Information:** Telephone: \_\_\_\_\_ Email \_\_\_\_\_

*\*NB: Please complete form, mail to the above address with a copy of a valid photo ID and the required fee (s).  
International Postal Money Order (pink colored) or Bank Draft*

**Office Use Only**

**Date Received:** \_\_\_\_\_ **Payment Fee (s) Received** ( ) Yes ( ) No

**Date:** Processed & Mailed \_\_\_\_\_