BIRTHS AND DEATHS REGISTRATION RULES.

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Subsidiary 1934.09.11

Rules made under s.41.

BIRTHS AND DEATHS REGISTRATION RULES (1934.09.11)

Amending enactments	Relevant current provisions	Commencement date
23.3.1948	r. 4(2)	
29.4.1948	rr. 2, 7-10, Sch. 3	
4.10.1951	Sch. 1	
17.12.1963	r. 5	
LN. 1998/027	Sch. 2	2.4.1998
2003/021	Sch. 2	1.4.2003

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ARRANGEMENT OF RULES.

Rule

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- 6. Registration where no medical certificate.
- 7. Short birth certificate.
- 8. Particulars to be furnished to Registrar.
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SCHEDULE. 1.

Forms.

SCHEDULE 2.

Fees.

SCHEDULE 3.

Short Birth Certificate.

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Title.

1. These Rules may be cited as the Births and Deaths Registration Rules.

Interpretation.

- 2. In these Rules, unless the context otherwise requires,—
 - "short birth certificate" means a certificate of birth the form of which is prescribed by Schedule 3;
 - "registered person" means a person in respect of whose birth an application for a short birth certificate is made and whose birth is registered or recorded in any register or record in the custody of the Registrar;
 - "the entry", in relation to a registered person, means the entry relating to him appearing in any such register or record as aforesaid.

Forms.

3. The forms in Schedule 1 or forms as near thereto as circumstances may require shall be used for the several matters therein specified.

Fees.

- 4. (1) The fees to be paid for the several matters to which the Act relates, shall be those set out in Schedule 2.
 - (2) The Registrar may reduce or remit any of such fees.

Certificate for registration.

- 5. The certificate to be transmitted to the Registrar under section 40 of the Act, shall be supplied in the Form K set out in Schedule 1, by the officer hereunder prescribed:—
 - (a) on the death of any person in any premises inhabited by the Governor, by the Military Assistant;
 - (b) on the death of any person in any hospital provided for the armed forces of the Crown and their families, or on board any of Her Majesty's ships in the Port of Gibraltar, by the principal medical officer of the hospital or of the ship;

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- (c) on the death of any member of the armed forces of the crown dying in the City, otherwise than in hospital, by the commanding officer of the unit to which the deceased belonged, or the captain of the ship on which the deceased was borne;
- (d) on the death of the wife, child, or any person being a member of the family of, or domesticated with, any such member of the armed forces of the Crown, dying in the City, otherwise than in hospital—
 - (i) in the case of a commissioned officer, by such commissioned officer;
 - (ii) in the case of a warrant officer, non-commissioned officer or man, by the commanding officer of the unit, or the captain of the ship concerned;
- (e) on the death of any person on board of any ship in the Port of Gibraltar not being one of Her Majesty's ships in commission, by the master or other person in charge of the ship;
- (f) on the death of any person in a Government hospital, by the principal medical officer of that hospital.

Registration where no medical certificate.

6. (1) In the case of a death where the deceased was not attended in the last illness by a registered medical practitioner or the Registrar has been unable to obtain delivery of the medical certificate of the registered medical practitioner by whom the deceased was so attended, and the Coroner certifies that he does not consider an inquest necessary, the Registrar shall insert in the column headed "Observations", "No Medical Certificate. The Coroner did not consider an inquest necessary":

Provided that where, notwithstanding that the Coroner decides not to hold an inquest, he certifies to the Registrar the cause of death of the deceased as disclosed by a report made to him as a result of any post-mortem examination made by his direction under section 5 of the Coroner's Act, the Registrar shall insert in the said "Observations" column, "Cause of death certified by Coroner after post-mortem without inquest."

(2) Where the Registrar has been informed by the Coroner that he does not intend to hold an inquest but is unable to obtain from the Coroner a written statement to that effect, he shall himself write and sign a memorandum stating that the case was reported to the Coroner, and that the Coroner decided not to hold an inquest.

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Short birth certificate.

7. Any person shall, on payment of the fee set out in Schedule 2 and on furnishing the prescribed particulars, be entitled to obtain from the Registrar a short birth certificate of the birth of any person compiled from the records and registers in the custody of the Registrar.

Particulars to be furnished to Registrar.

- 8. An applicant for a short birth certificate to which these rules apply shall furnish to the Registrar the following particulars relating to the registered person:—
 - (a) where the registered person has been adopted under the Adoption Act, and the certificate is to be in respect of him as a 1951-19 person so adopted—
 - (i) his name and address;
 - (ii) the date of his birth;
 - (iii) the name and surname of his adopter, or, as the case may be, his adopters, under the said Act; and
 - (iv) the date upon which, and the name of the court by which the order authorizing his adoption under the said Act was made:
 - (b) in any other case—
 - (i) the name and surname of the registered person;
 - (ii) the date of his birth;
 - (iii) the name and surname of his father;
 - (iv) the name, surname and maiden surname of his mother; and
 - (v) the place at which his birth was registered:

Provided that the Registrar may dispense with the furnishing of any such particulars which in his opinion it is not reasonably practicable for the applicant to furnish.

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Short Birth Certificate.

9. A short birth certificate shall be in the form set out in Schedule 3.

Application.

10. Rules 7 to 9, inclusive, apply to any case in which the entry to which the application relates does not contain particulars of the place of birth of the registered person.

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SCHEDULE 1.

FORM A

REGISTER OF BIRTHS

Sections 4 and 7

	Entry No.			
	-			
1. Date and Place of birth	CHILD			
2. Name and surname	3. Sex			
4. Name and surname	FATHER			
5. Place of birth	6. Occupation			
3. Trace of offth	o. Occupation			
7. 37. 1	MOTHER			
7. Name and surname	MOTHER			
8. (a) Place of birth	8.(b) Occupation			
9.(a) Maiden surname	9.(b) Surname at marriage if			
	different from maiden surname			
10. Usual address (if different from	place			
of child's birth)	1			
INFORMANT				
11. Name and surname (if not the mot				
or father)	ilei 12. Quannication			
, <u> </u>				
13. Usual address (if different from that in 10				
above)				
14. I certify that the particulars entered above are true to the best of my				
knowledge and belief				
Signature of Informant				
15. Date of registration	16. Signature of Registrar			

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17. Name given after registration and surname
18. Observations

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Entry No.	1	Year		
When and where died	2			
Name and Surname (if applicable insert maiden surname)	3		D	
Sex	4		EATHS	FORM
Age and date of birth if possible	5		IN THE CI	B– REGIS
Rank, profession or occupation and usual address	6		DEATHS IN THE CITY OF GIBRALTAR.	FORM B-REGISTER OF DEATHS
Cause of Death	7		TAR.	SF
Signature, Qualification and residence of informant	8			
Date when completely registered	9	7.0		
Signature of Registrar	10	Section		
Observations	11	Section 4 and		

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FORM C.—CERTIFICATE OF NAME GIVEN IN BAPTISM.

		Se	ction 16.
I, A. B., do hereby certify that of 19, I baptised by the name of child produced to me by C.D. a declared by the said C. D. to have day of 19.	of s the son (or daugh		
Witness my hand this	day of	20 .	
		(Signed)	A.B.
		Officiating I	Minister.
FORM C.(1).—CERTIFICAT		Se	ction 16.
registered in the registry office a	, at Gibraltar	to X.Y. and M.d, on the	I.N. and day
Witness my hand this	day of	20 .	
	(Signed)	X.Y.	
	(Father,	Mother or other	person).

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FORM D.—MEDICAL CERTIFICATE OF CAUSE OF DEATH.

		Section 21
Nam	e of Deceased	
Date	of Death as stated to me day of .	20
Age	as stated to me (years, months	s, days or hours)
Place	e of Death	
Last	seen alive by me day of	20
tak ob 2. Inf Mo late 3. Po 4. I h	Please ring appropria te digits and letter ave reported this death to e Coroner.	A. Seen after death by me. B. Seen after death by another Medical Practitioner but not by me. C. Not seen after death
		by a Medical Practitioner.
The d	SE OF DEATH condition thought to be the erlying Cause of Death" should ar in the lowest completed line of Part	These particulars not to be entered in the register. Approximate interval between onset and death.
I (a)	Disease or condition directly leading to death*	
(b)	Other disease or condition, if any, leading to I(a)	
(c)	Other disease or condition leading to I(b)	
II	Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it	

Births and Deaths Registration BIRTHS AND DEATHS REGISTRATION RULES.

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The death might be due to or contributed to by the employment followed at some time by the deceased.	Please tick where applicable
* This does not mean the mode of dying, Asthenia, etc; it means the Disease, Injury death.	-
I hereby certify that I was in Medical attedeceased's last illness and that the partic written are true to the best of my knowledge	culars and cause of death above
Signature	ered)

BIRTHS AND DEATHS REGISTRATION RULES.

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FORM E.—DECLARATION AS TO DEATH.

Section 23.

I, , do solemnly and sincerely declare that:-
(a) I was present at the death,
(b) I was in attendance during the last illness preceding the death,
(c) I was a relative of the deceased,
(d) I am the occupier of the house in which the deceased died,
(e) I am the person causing the body of the deceased to be buried,
AND THAT the following is a true statement of the particulars required to be registered touching his (or her) death, that is to say:—
When died
Where died
Name and surname
Sex
Age Date of Birth
Rank, profession or occupation and address
Place of Birth
Period of residence in Gibraltar
Cause of death
Signature, description, and residence of informant

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Births and Deaths Registration BIRTHS AND DEATHS REGISTRATION RULES.

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This v	ersion is out of date	e
Taken and declared by the above Deaths in Gibraltar, this 20 .	re-named, at the reg	gistry office for Births and day of
Before me		
	(Signed)	Registrar of Births and Deaths.

BIRTHS AND DEATHS REGISTRATION RULES.

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FORM F.—CORONER'S CERTIFICATE OF DEATH.

Section 31.

I hereby certify that at an inquest begun on the day of 19, and concluded on the day of the date hereof held upon view of the body of lying dead, the following particulars required to be registered touching his (or her) death were found (and recorded by the Jury), that is to say:—
When died
Where died
Name
Sex
Age
Rank, profession or occupation
Address
Place of Birth
Period of residence in Gibraltar
Cause of death
Particulars of residence supplied for the purpose of ascertaining as far as practicable whether the deceased was at the time of his (or her) death domiciled or quasi domiciled or permanently resident in Gibraltar or otherwise:—
Witness my hand this day of 20 .
(Signed)
Coroner

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FORM G.—REGISTRAR'S CERTIFICATE OF DEATH TO SUPERINTENDENT OF CEMETERIES, MINISTER OR PERSON IN CHARGE OF BODY ABOUT TO BE BURIED.

			Section 33
I, City of Gibraltar, hereby	_		Deaths in the
NAME AND SURNAME	E		
SEX	AGE	,	
was *registered/partly of Gibraltar.			
Witness my hand this	day of	20 .	
* Strike out whichever is FORM H.—		Registrar of Bir	
			Section 34.
I,	f the body now sh		or Gibraltar do
Witness my hand this	day of	20	0 .
		(Signed	d) Coroner

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FORM I.—CERTIFICATE BY PERSON IN CHARGE OF FUNERAL.

Section 37. I hereby certify that the body of the above mentioned person was *buried/cremated by me this day of 20 * Strike out whichever is inapplicable. FORM J.—CERTIFICATE OF FULL REGISTRATION. Sections 4 and 5. I, Registrar of Births and Deaths in Gibraltar, do hereby certify that the birth (or death as the case may be) of was fully registered by (me) on the day of , as follows:-20 (Insert extract from register). Witness my hand and seal this day of 20 (Signed) Registrar of Births and Deaths.

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Witness	When died	I certify of the p	FC
Witness my hand this	Where died	that the	RM K.–
	Name and Surname if applicable insert maiden surname	I certify that the following is, to the best of my knowledge, information, and belief, a true statement of the particulars required to be registered touching the death of the person hereunder mentioned.	FORM K.— CERTIFICATE FOR REGISTRATION OF DEATHS OF MEMBERS OF THE ARMED FORCES, ETC Section
day of	Sex	best of 1	R REGIS
	Date of Birth	my know	STRATION OF THE STRATION OF THE STRATION OF THE STRATION OF THE STREET O
20	Rank, Profession, or Occupation and usual address	ledge, informatice death of the per	REGISTRATION OF DEATHS ARMED FORCES, ETC
Signature Description Residence	Birth place	on, and bo	OF MEN
ure ption nce	Period of residence in Gibraltar	elief, a true sta	MBERS OF TI
	Observations	atement ed.	F THE Section 40.

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FORM L.—REGISTRAR'S CERTIFICATE FOR BURIAL OF STILLBORN CHILD.

Section 19(4)
I,
at
Witness my hand this day of
Registrar of Births and Deaths.

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FORM M.—DECLARATION AS TO STILLBIRTH.

1	Date of Stillbirth
2	Place of Stillbirth
3	Name and Surname of Parents of Stillborn child, or, in case of an illegitimate child, of the Mother only
4	Residence of Parents (or of Mother) of child
5	Has a registered medical practitioner been present at the birth or examined the child's body? (Yes or No)
6	Has a certified midwife been present at the birth or examined the child's body? (Yes or No). If Yes give name of certified midwife
7	If a registered medical practitioner or certified midwife was present at the birth or examined the body, state reasons why his or her certificate cannot be obtained.
be	the undersigned, declare that the particulars above stated are true to the est of my knowledge and belief, and that the child above-mentioned was at born alive.
	Signature

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State whether "Mother" or "Father" of the child or in what other capacity liable to give information	
concerning the stillbirth	•
Date	

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FORM N-REGISTER OF STILLBIRTHS

No	1	
When and where born	2	
Name of child (if any) and sex	3	
Name and surname of father and where born	4	FORM N
Name and maiden name of mother and where born	5	FORM N– REGISTER OF STILLBIRTHS
Occupation of father	6	QOF S
Signature, description and residence of informant	7	STILLBIRTH
When registered	8	\mathbf{S}
Nature of evidence upon which registered as stillborn	9	
Signature of Registrar	10	
Remarks	11	

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SCHEDULE 2.

	SCHEDUEL 2.	Rule 4.
	FEES.	£
1.	For every certified copy of any entry in the register of births, stillbirths or deaths applied for within seven days from the date of registration or amendment of the entry	3.50
2.	For every certified copy of any entry in the register of births, stillbirths or deaths applied for on a date in excess of seven days from the date of registration or amendment	7.00
3.	For every short birth certificate issued under Rule 7	3.50
4.	Handling fee on an order for a copy or copies of any entry in a register of births or deaths which is sent abroad through the post	5.00
5.	For a general search of the indices or any register of births or deaths, per day or part thereof	18.00
6.	For every registration of birth under Section 13(1)	5.00
7.	For every registration of birth under Section 13(2)	10.00
8.	For every registration of name or alteration of name under section 16	5.00
9.	For every certificate of baptism required under section 16 (to be paid to the person performing the rite)	
10.	For every birth and death certificate requested under	1.00
10.	Section 41(2)(b) of the Social (Insurance) Act	2.00

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SCHEDULE 3.

Rules 2 and 7.

SHORT BIRTH CERTIFICATE.

FORM OF CERTIFICATE FOR ISSUE BY THE REGISTRAR.

Name and Surname					
Sex					
Date of Birth					
Certified to have been compiled from records in the custody of the Registrar of Births and Deaths in Gibraltar.					
Witness my hand and seal this	day of	20 .			
	(Signed) Registrar	of Births and Dea	aths.		