

Subsidiary Legislation made under s.41.

**Births and Deaths Registration Rules****1934.09.11***Commencement*                      **11.09.1934**

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
2008/014	r. 3, Sch. 1	20.3.2008
2009/027	Sch. 1 (Form D)	7.5.2009
2011/009	Sch. 1 (Form D)	3.2.2011
2018/224	Sch. 1 (Form G)	18.10.2018
2020/351	Sch. 2	15.10.2020
Act. 2021-09	r. 8(aa)	9.2.2021
LN. 2021/149	rr. 3(1A), 8(b)(iii), Sch. 1	23.2.2021
2022/227	Sch. 2	4.8.2022

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**ARRANGEMENT OF RULES.**

Rule

1. Title.
2. Interpretation.
3. Forms.
4. Fees.
5. Certificate of registration.
6. Registration where no medical certificate.
7. Short birth certificate.
8. Particulars to be furnished to Registrar.
9. Short Birth Certificate.
10. Application.

**SCHEDULE 1.**

Forms.

**SCHEDULE 2.**

Fees.

**SCHEDULE 3.**

Short Birth Certificate.

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

(1A) For the purposes of Form A, C(1), M and N in Schedule 1, “parent” means a woman who is a parent by virtue of section 9 of the Surrogacy Act 2021.

(2) Form O in Schedule 1, or a form as near thereto as circumstances may require, shall be used for a declaration under section 15(1)(i) or section 15(2)(b)(i) of the Act.

(3) Form P in Schedule 1, or a form as near thereto as circumstances may require, shall be used for a written statement under section 15(3) of the Act.

(4) For the purposes of subrules (2) and (3) and the forms referred to in those sub-rules “father” means biological father.

**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;
- (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.

**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 person so adopted—

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(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;

(aa) where the registered person is a child by virtue of a parental order under the Surrogacy Act 2021, and the certificate is to be in respect of him as a person having been treated as a child by virtue of a parental order—

(i) his name and address;

(ii) the date of his birth;

(iii) the name and surname of his parent or parents under the said Act; and

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- (iv) the date upon which, and the name of the court by which the parental order 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 or parent by virtue of section 9 of the Surrogacy Act 2021;
  - (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.

### **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		<b>CHILD</b>
2. Name and surname	3. Sex	
4. Name and surname		<b>FATHER/PARENT</b>
5. Place of birth	6. Occupation	
7. Name and surname		<b>MOTHER</b>
8. (a) Place of birth	8.(b) Occupation	
9.(a) Maiden surname	9.(b) Surname at marriage/civil partnership if different from maiden surname	
10. Usual address (if different from place of child's birth)		
<b>INFORMANT</b>		
11. Name and surname (if not the mother or father/parent)	12. Qualification	
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	
17. Name given after registration and surname		
18. Observations		

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	Entry No.	1	Year.....             Section 4 and
	When and where died	2	
	Name and Surname (if applicable insert maiden surname)	3	
	Sex	4	
	Age and date of birth if possible	5	
	Rank, profession or occupation and usual address	6	
	Cause of Death	7	
	Signature, Qualification and residence of informant	8	
	Date when completely registered	9	
	Signature of Registrar	10	
	Observations	11	

FORM B – REGISTER OF DEATHS  
 DEATHS IN THE CITY OF GIBRALTAR.

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FORM C.—CERTIFICATE OF NAME GIVEN IN BAPTISM.

Section 16.

I, A. B., do hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, I baptised by the name of \_\_\_\_\_ a male (or female) child produced to me by C.D. as the son (or daughter) of E.F. and C.D. and declared by the said C. D. to have been born at Gibraltar on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

(Signed) A.B.

Officiating Minister.

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FORM C.(1).—CERTIFICATE OF NAME GIVEN NOT IN BAPTISM.

Section 16.

I, X.Y., do hereby certify that the male (or female) child born on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, at Gibraltar to X.Y. and M.N. and registered in the registry office at Gibraltar aforesaid, on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, has (without being baptised) received the name of \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

(Signed) X.Y.

(Father/Parent, Mother or other person).

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FORM D.—MEDICAL CERTIFICATE OF CAUSE OF DEATH.

Section 21

Name of Deceased . . . . .

Date of Death as stated to me . . . . . day of . . . . . 20 . . . . .

Age as stated to me . . . . . (years, months, days or hours) . . . . .

Place of Death . . . . .

Last seen alive by me . . . . . day of . . . . . 20 . . . . .

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>1. The certified cause of death takes account of information obtained from Post Mortem.</li> <li>2. Information from Post Mortem may be available later.</li> <li>3. Post Mortem not being held.</li> <li>4. I have reported this death to the Coroner.</li> </ul> | }      Please ring appropriate digits and letter      { | <ul style="list-style-type: none"> <li>A. Seen after death by me.</li> <li>B. Seen after death by another Medical Practitioner but not by me.</li> <li>C. Not seen after death by a Medical Practitioner.</li> </ul> |
|---|---|--|

<p><b>CAUSE OF DEATH</b> The condition thought to be the “underlying Cause of Death” should appear in the lowest completed line of Part I.</p>	<p>These particulars not to be entered in the register. Approximate interval between onset and death.</p>
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I(a) Disease or condition directly leading to death\*.  
 . . . . .  
 . . . . .  
 . . . . .

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(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. . . . .

.....

The death might be due to or

contributed to by the employment followed at some time by the deceased.

YES/NO

[Delete whichever is not applicable]

\* This does not mean the mode of dying, such as Heart Failure, Asphixia, Asthenia, etc; it means the Disease, Injury or Complication which caused death.

A. Do you have any reason to suspect that the death might be due, directly or indirectly, to—

- (a) violence? YES/NO
- (b) poison? YES/NO
- (c) privation or neglect? YES/NO

[Delete whichever is not

applicable]

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- B. Has the deceased been fitted with-
- (a) a cardiac-pacemaker? YES/NO
  - (b) a radio-active or other implant? YES/NO
- If the answer to either of the questions above is yes-
- (c) has it/they been removed? YES/NO

[Delete whichever is not applicable]

C. Is there any impediment to the body being cremated? YES/NO  
 Please ring the appropriate answer.  
 If the answer is YES please set out the impediment.

[Delete whichever is not applicable]

(The particulars in A-C are not to be entered in the register)

I hereby certify that I was in Medical attendance during the above-named deceased's last illness and that the particulars and cause of death above written are true to the best of my knowledge and belief

Signature ..... Qualifications ..  
 .....  
 (as Registered)  
 Residence ..... Date .....  
 .....

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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 .....  
(if applicable insert maiden 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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Taken and declared by the above-named, at the registry office for Births and Deaths in Gibraltar, this                                 day of   20     .

Before me, .....

(Signed)

Registrar of Births  
and Deaths.

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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 . . . . . Date of Birth . . . . .

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 CEMETERY AUTHORITY, MINISTER OR PERSON IN CHARGE OF BODY ABOUT TO BE BURIED.

Section 33

I, ..... Registrar of Births and Deaths in the City of Gibraltar, hereby certify that the death of:

NAME AND SURNAME.....

SEX.....AGE.....

was \*registered/partly registered by me upon the information of.....\*Medical Practitioner/H.M. Coroner for Gibraltar.

Witness my hand this day of 20 .

(Signed) Registrar of Births and Deaths.

\* Strike out whichever is inapplicable.

FORM H.—CORONER'S ORDER FOR BURIAL.

Section 34.

I, ..... Coroner for Gibraltar do hereby order the burial of the body now shown to me (to the inquest jury) as the body of .....

Witness my hand this day of 20 .

(Signed)

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Coroner.

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 .

Signature .....

Description .....

*\* 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 20 , as follows:—

(Insert extract from register).

Witness my hand and seal this day of 20 .

(Signed)

Registrar of Births and Deaths.

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Witness my hand this                      day of                      20                      Signature Description Residence		FORM K. – CERTIFICATE FOR REGISTRATION OF DEATHS OF MEMBERS OF THE ARMED FORCES, ETC  Section 40.			
		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.			
			When died		
			Where died		
			Name and Surname if applicable insert maiden surname		
			Sex		
			Date of Birth		
			Rank, Profession, or Occupation and usual address		
			Birth place		
	Period of residence in Gibraltar				
	Observations				

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

Section 19(4)

I, ....., Registrar of Births and Deaths in Gibraltar, do hereby certify that I have this day (a) registered or (b) received notice of the birth of the stillborn child of ..... which took place on ..... at .....

Witness my hand this ..... day of ..... 20 .....

Registrar of Births and Deaths.

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FORM M.—DECLARATION AS TO STILLBIRTH.

- 1 Date of Stillbirth .....Sex .....
- 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) .....  
If Yes give name of medical  
practitioner. ....
- 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. ....

I, the undersigned, declare that the particulars above stated are true to the best of my knowledge and belief, and that the child above-mentioned was not born alive.

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Signature .....

State whether “Mother” , “Father” or “Parent 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	FORM N- REGISTER OF STILLBIRTHS
	When and where born	2	
	Name of child (if any) and sex	3	
	Name and surname of father/parent and where born	4	
	Name and maiden name of mother and where born	5	
	Occupation of father/parent	6	
	Signature, description and residence of informant	7	
	When registered	8	
	Nature of evidence upon which registered as stillborn	9	
	Signature of Registrar	10	
	Remarks	11	

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FORM O

Rule 3(2)

<p><b>Mother's Declaration</b>  <b>Identity of Father of Child Born Outside Marriage</b></p> <p>Births and Deaths Registration Rules                      rule 3</p>	
TO: The Registrar of Births and Deaths, Gibraltar	
Name of child	
Date of birth of child	
Sex of child	
Name of child's mother	
Address of child's mother	
<p><b>I declare that-</b></p> <ul style="list-style-type: none"> <li>• I am the mother of the child named above</li> <li>• the biological father of this child is –                      _____ <i>(insert name)</i></li> <li>• to the best of my knowledge and belief his address is –                      _____ <i>(insert father's address if known)</i></li> </ul>	
Signature of mother	Dated



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FORM P

Rule 3(3)

<p><b>Request for Re-registration of Birth</b>  <b>Identity of Father of Child Born Outside Marriage</b>                  Births and Deaths Registration Rules                  rule 4</p>	
TO: The Registrar of Births and Deaths, Gibraltar	
Name of child	
Date of birth of child	
Sex of child	
Name of child's mother	
Address of child's mother	
<i>Please now complete part A or B of this form as appropriate.</i>	
<p><b>Part A</b>  <b><u>Joint request by mother and father for re-registration of birth</u></b></p> <p>We, the mother and the father of the child named above, request the re-registration of the child's birth to show the following person as the biological father of the child -</p>	
name of child's father	
address of child's father	
Signature of mother	Dated
Signature of father	Dated

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<b>Part B</b> <b><u>Request by mother for re-registration of birth</u></b>	
I, the mother of the child named above, request the re-registration of the child's birth to show the following person as the biological father of the child—	
name of child's father	
address of child's father	
Please find attached my declaration as to the identity of the child's father.	
Signature of mother	Dated

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**SCHEDULE 2.**

Rule 4.

<b>FEES</b>	<b>£</b>
1. For every certified copy of an entry in a register of births or deaths.	11.00
2. For every short birth certificate issued under Rule 7.	11.00
3. Handling fee on an order for a copy or copies of any entry in a register of births or deaths which is to be sent abroad through the post.	11.00
4. For a general search of the indices or any registers of the births or deaths per day or part thereof.	32.50
5. For every registration of birth under section 13(1)	11.00
6. For every registration of birth under section 13(2)	11.00
7. For every registration of name or alteration of name under section 16	11.00
8. For every certificate of baptism required under section 16 (to be paid to the person performing the rite)	11.00
9. For every birth and death certificate requested under section 41(2)(b) of the Social Security (Insurance) Act.	11.00

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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 Deaths.