

Births and Deaths Registration

1887-01

BIRTHS AND DEATHS REGISTRATION RULES.

Rules made under s.41.

**Subsidiary
1934.09.11**

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 and Sch. 3	
4.10.1951	Sch. 1	
17.12.1963	r. 5	
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

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Rule

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

(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.

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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

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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."

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(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—1951-19
 - (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;

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- (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		CHILD
2. Name and surname	3. Sex	
4. Name and surname		FATHER
5. Place of birth	6. Occupation	
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)		
INFORMANT		
11. Name and surname (if not the mother or father)		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		

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15. Date of registration	16. Signature of Registrar
17. Name given after registration and surname	
18. Observations	

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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.

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, Mother or other person).

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BIRTHS AND DEATHS REGISTRATION RULES. FORM D.—MEDICAL CERTIFICATE OF CAUSE OF DEATH.

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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

- | | | |
|---|---|--|
| <ol style="list-style-type: none"> 1. The certified cause of death takes account of information obtained from Post Mortem. 2. Information from Post Mortem may be available later. 3. Post Mortem not being held. 4. I have reported this death to the Coroner. | } Please ring appropriate digits and letter { | <ol style="list-style-type: none"> 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. |
|---|---|--|

<p>CAUSE OF DEATH 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>
--	---

I(a) Disease or condition directly leading to death*.

.....
.....
.....

(b) Other disease or condition, if any, leading to I(a)

.....
.....

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(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]

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.

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If the answer is YES please set out the impediment.

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[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
.....
.....
.....

Taken and declared by the above-named, at the registry office for Births and Deaths in Gibraltar, this _____ day of _____ 20__ .

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

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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)
Coroner.

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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 40.	
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	
Witness my hand this day of 20	Signature Description Residence

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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.

FORM M.—DECLARATION AS TO STILLBIRTH.

- 1 Date of StillbirthSex
- 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).

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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.

Signature

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	FORM N - REGISTER OF STILLBIRTHS
	When and where born	2	
	Name of child (if any) and sex	3	
	Name and surname of father and where born	4	
	Name and maiden name of mother and where born	5	
	Occupation of father	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 P

Rule 3(3)

Request for Re-registration of Birth Identity of Father of Child Born Outside Marriage Births and Deaths Registration Rules rule 4	
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>	
Part A <u>Joint request by mother and father for re-registration of birth</u>	
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 -	
name of child's father	
address of child's father	
Signature of mother	Dated
Signature of father	Dated
Part B <u>Request by mother for re-registration of birth</u>	
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	

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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.

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)	1.00
10. For every birth and death certificate requested under 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 Deaths.