



**Customer Service Centre
Post Office Building
Government of St Helena
St Helena Island
STHL 1ZZ**

APPLICATION TO REGISTER A CHILD'S FATHER WITHIN THE BIRTH REGISTER

Address: _____

Date: _____

I, _____ (*full name*) being the mother of
_____ (*full name*) born on
_____ would like the father
_____ (*full name*) to be recorded in the Birth Register.

We, the undersigned would be grateful for your approval.

Signed: _____ (Mother) _____ (Father)

For office use only

(*) Approved/Not Approved

Reason(s) if Not Approved: _____

Signature _____
(*) Registrar/Deputy Registrar

(*) delete which do not apply