

Island	Principal District	Name and Limits of Subdivisions
		4. Eastern District
		5. Western District
Ragged Island	Duncan Town	1. Duncan Town
Rum Cay	Cockburn Town (San Salvador)	1. Rum Cay
San Salvador	Cockburn Town (San Salvador)	1. Cockburn Town from North Victoria Hill to Sugar Loaf
		2. United Estates including Settlements of Reckley Hill, Polly Hill, Fortune Hill, South Victoria Hill, Old Place, Breezy Hill and Allen's

**BIRTHS AND DEATHS REGISTRATION RULES**

(SECTION 40)

*[Commencement 30th June, 1966]*

S.I. 49/1966  
 S.I. 29/1971  
 S.I. 5/1987  
 S.I. 66/1989  
 S.I. 72/1989  
 S.I. 17/1990

Title.

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

Forms for registration of births and deaths.  
 First Schedule.

**2.** The Forms A and B set out in the First Schedule to these Rules shall be used respectively for the registration of births and deaths.

Forms of notices for the purpose of sections 16 and 20 of Ch. 188.  
 First Schedule.

**3.** The Forms C and D set out in the First Schedule to these Rules shall be used respectively for giving notice requiring information relating to a birth, in accordance with the provisions of section 16 of the Act, or a death, in accordance with section 28 of the Act.

Form of notice for the purpose of section 24.  
 S.I. 5/1981, r. 3.

**4.** The Form E set out in the First Schedule to these Rules shall be used by a medical practitioner for the purpose of certifying the cause of death, in accordance with section 23(1)(b) of the Act.

Seals to be used by Registrars.

**5.** The seal to be used by Registrars for the purposes of sealing any document required to be sealed under any

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provision of the Act shall be in the form set out in the Second Schedule to these Rules. Second Schedule.

**6.** The persons named in the first column of the Third Schedule to these Rules shall be paid, in respect of the matters respectively set out in the second column thereof, the fees set out in relation thereto in the third column of that Schedule. Fees  
Third Schedule.





**FORM C**  
**NOTICE RELATING TO BIRTH NOT REGISTERED (Rule 3)**

NOTICE

To ..... of .....

In accordance with section 16 of the Births and Deaths Registration Act (Ch. 188), you are hereby required to provide within the period of twenty-one days as required by law, the following information concerning a birth which has not been registered and which is alleged to have taken place at ..... on or about .....

- (1) Occupation of mother.
- (2) Marital status of mother.
- (3) Age of mother.
- (4) Occupation of father.
- (5) Age of father.
- (6) Where mother born.
- (7) Where father born.
- (8) Type of birth (Single, Twin, etc.)
- (9) Total number of children born alive and number living.
- (10) Permanent residence of child’s mother at time of birth.
- (11) Name of child (Surname and Christian or given names.)
- (12) Sex of child.
- (13) Place of birth of child.
- (14) Date of birth of child.
- (15) Name and maiden surname of mother.
- (16) Name and surname of father.

.....  
Signature of Registrar or  
Assistant Registrar.

**FORM D**  
**NOTICE RELATING TO DEATH NOT REGISTERED (Rule 3)**

NOTICE.

To ..... of .....

In accordance with section 20 of the Births and Deaths Registration Act (Ch. 188), you are hereby required to provide the following information within the period of twenty-one days as required by law concerning the death of ..... which has not been registered and which is alleged to have occurred on or about .....

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- (1) Name of deceased.
  - (2) Sex of deceased.
  - (3) Marital status of deceased.
  - (4) Date of death.
  - (5) Date of birth.
  - (6) Age of deceased.
  - (7) Place of death.
  - (8) Permanent residence of deceased.
  - (9) Occupation of deceased.
  - (10) Name of husband or wife of deceased.
  - (11) Cause of death.
  - (12) In case of still-birth:
    - (a) Name and maiden name of mother.
    - (b) Marital status of mother.
    - (c) Date of birth of mother.
    - (d) Name of father.
    - (e) Date of birth of father.
    - (f) Address of mother and/or father.

.....  
Signature of Registrar or  
Assistant Registrar

FORM E

MEDICAL CERTIFICATE OF DEATH/STILL BIRTH

COMMONWEALTH OF THE BAHAMAS — MEDICAL CERTIFICATE OF DEATH/STILL BIRTH

Deceased-Name: Surname First Middle		Sex: 2	Date and hour of death: Day Month Year Hour 3(a)	Day of Birth: Day Month Year 4	Age last Birthday: 5(a)	Under 1 year: Months days 5(b)	Under 1 year: Hours Minutes 5(c)
Cause of Death: Approximate interval between onset and death							
Part I							
Disease or condition directly leading to death (a) _____ due to or as a consequence of _____							
Antecedent causes: Morbid conditions, if any, giving rise to the above (b) _____ cause, stating the underlying condition last: (c) _____							
6(i) Part II							
Other significant conditions contributing to the death but not related to the disease or condition causing it: _____							
6(ii)							
Accident or injury: (Brief description)							
7							
Autopsy: (yes or no) 8				Case referred to Coroner (yes or no) 9			
Certifier's Signature the best of my knowledge and belief, death occurred at the time and date and due to the cause(s) stated. Signature: _____ Date _____				Name and address of attending physician if other than certified			
10(a)				10(b)			
				10(c)			

Confirmation of cause of death in case of cremation: I have examined the dead body and hereby confirmed the cause of death as certified above. Signature: _____ Date: _____		Name and address of medical practitioner confirming cause:  11(b)	
11(a)	Place of death: (Specify hospital or address of other place)		
12(a)	If hospital, indicate: inpatient/ op/Emergency Room/DOA 12(b)	Usual Residence, address and 13	Citizen: (Name of country) 14
16	Spouse-Name: (if wife, give maiden name) Surname First Middle 17	Fathers' name Surname First Middle 19	Mother's Maiden Name Surname First Middle 20
15	Occupation	Occupation	
18	Survived by Spouse: (yes or no)	Name and address of Informant:	
21(a)	Informant's Signature: the above I certify that particulars are true to the best of my knowledge and belief. Signature : _____ Date : _____	21(b)	21(c)
22(a)	Disposition	Name and location of cemetery, crematory or other place of disposition:	
22(b)	Type of disposition: (specify burial, cremation, removal, etc. Day Month Year	22(c)	22(d)



**SECOND SCHEDULE (Rule 5)****SEAL FOR USE BY REGISTRARS**

A circular seal approximately 2” in diameter bearing the words “Registrar of Birth and Deaths” and the name of the district in which each particular seal is to be used.

*5 of 1987, Sch.;  
S.I. 66/1989; S.I.  
72/1989; S.I. 17/  
1990.*

**THIRD SCHEDULE (Rule 6)****FEES**

To Whom Payable	Purpose for Which Fee is Payable	Fee \$
A Registrar (Other than Commissioners) (Payable by Government)	For each monthly register	8.55
B Registrar (Other than Commissioners) and Assistant Registrars (Payable by Government)	For the registration of a birth or death	2.00
C The Registrar- General (payable by parties requiring service)	For every search in connection with a birth or death registration	NIL
	For a certified copy of a birth certificate	5.00
	For a certified copy of a death certificate	10.00
	For every certificate relating to a “Supplementary Registration”	5.00
	For every declaration or affidavit made or sworn before the Registrar General or before a registrar or assistant registrar	4.00.