

THE BIRTHS AND DEATHS REGISTRATION LAW.

(CAP. 49.)

BIRTHS AND DEATHS (REGISTRATION) REGULATIONS. 47 Vol. II 427

1. These regulations may be cited as the Births and Deaths (Registration) Regulations.
2. The Forms in the Appendix hereto are hereby prescribed for use for the several matters to which they are applicable in connection with the Births and Deaths Registration Law. Appendix. Cap. 49

APPENDIX.

FORM A.

The Births and Deaths Registration Law—(Section 14). Cap. 49

CERTIFICATE AUTHORIZING BURIAL.

I,..... Registrar of Births and Deaths for the Village of..... in the District of.....(or for the quarter of.....in the town or village of.....in the District of.....), having been informed of the death of one..... of.....and having viewed the body of the deceased and acquainted myself with the circumstances connected with his death, and also being satisfied that there are no unnatural or suspicious circumstances connected with his death, do hereby certify that to the best of my knowledge and belief the death of the said.....was due to natural causes and that the body may be buried forthwith.

Issued, this.....day of....., 19.....

(Signature).....
Registrar.

FORM B.

The Births and Deaths Registration Law—(Section 16 (2)). Cap. 49

CERTIFICATE BY A MINISTER OF RELIGION OR MEMBER OF THE POLICE AUTHORIZING BURIAL.

Whereas the death of one..... of..... has come to my knowledge and the Registrar of Births and Deaths for the village of.....in the District of..... (or for the quarter of..... in the town or village of..... in the District of.....) is absent (or it has not been possible to obtain within ten hours of such death as aforesaid a certificate of death from the Registrar of Births and Deaths for the village of.....in the District of..... or for the quarter of.....in the town or village of..... in the District of.....)

I,..... of..... being a minister of religion of the same religion as the deceased (or being a member of the Police in charge of the Police at..... which is the nearest Police Station) do hereby solemnly declare that I have viewed the body of the deceased and acquainted myself with the circumstances connected with his death, and being satisfied that there are no unnatural or suspicious circumstances connected therewith, I do hereby certify that to the best of my knowledge and belief the death of the said..... was due to natural causes and that the body may be buried forthwith.

Issued this.....day of....., 19.....

(Signature).....

FORM C.

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The Births and Deaths Registration Law—(Section 18 (1)).

MEDICAL CERTIFICATE OF CAUSE OF DEATH.

[For use only by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the deceased's last illness, and to be delivered by him in duplicate forthwith to the Registrar of Births and Deaths (Mukhtar) direct.]

I hereby certify that I attended during his last illness a male/female* person whose name I believe to have been :

.....
and that I last saw him/her* on the.....

The certified cause of death has/has not* been confirmed by Post-mortem.

CAUSE OF DEATH.

Insert, if possible, the number as given in the International List of Causes of Death.

Immediate Cause †	(a)
Morbid Conditions (if any) giving rise to immediate cause, due to.	(b)
	(c)
Other morbid conditions not casually related to immediate cause.	(d)
	(e)

Duration of illness (in days)

Was death associated with pregnancy (for women only)? Yes/No *

Death preceded by operation/Death not preceded by operation *

Witness my hand this.....day of....., 19.....

Signed..... Licensed Medical Practitioner.

Address

FORM D.

Cap. 49

The Births and Deaths Registration Law—(Section 21).

REGISTER OF BIRTHS.

(To be completed in Duplicate).

NAME OF CHILD.

.....
(Personal Names and Surname).

District

Town or Village

Quarter

Year..... Month.....

Serial No.

Date on which the registration was scrutinized and filed.

(Sgd.)

Commissioner.

*LIVE BIRTH/†STILL BIRTH

Date on which the name was inserted or amended in accordance with section 7 of the Law.....

(Sgd.).....

Commissioner.

* Delete term not applicable.

† This does not mean the mode of dying, such as, e.g. heart failure, asphyxia, asthenia, etc.; it means the disease, injury, or complication which caused death.

‡ Still-birth shall apply to any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time, after being completely expelled from its mother, breathe or show any other sign of life.

<p>1. Date of Birth</p> <p>2. Place of Birth</p> <p style="padding-left: 20px;"><i>(If birth occurred in a hospital give name.)</i></p> <p>3. Usual residence of mother</p> <p style="padding-left: 20px;"><i>(Give full address, town or village and district.)</i></p> <p>4. Sex of Child</p> <p>5. †Single, twin, triplet, etc.</p>	<p style="text-align: center;">CERTIFICATE TO BE COMPLETED BY THE DOCTOR OR MIDWIFE WHO ATTENDED THE BIRTH.</p> <p style="text-align: center;">I certify that I attended the birth of the child named above who was born alive/born dead* at.....on the.....day of the month of..... in the year..... Signature</p>
FATHER	MOTHER
<p>6. Full Name</p> <p>7. Age last birthday</p> <p>8. Religion & Denomination.....</p> <p style="padding-left: 20px;"><i>(Greek-Orthodox, Moslem, Armenian-Gregorian, Roman Catholic, Maronite, Other Christian, Others.)</i></p> <p>9. Birthplace</p> <p style="padding-left: 20px;"><i>(Town or Village and District or country if born abroad.)</i></p> <p>10. Occupation <i>(State fully)</i>.....</p> <p>11. Duration of present marriage</p> <p style="padding-left: 40px;">.....yearsmonths.</p>	<p>12. Name, surname and maiden name</p> <p>13. Age last birthday</p> <p>14. Religion & Denomination</p> <p style="padding-left: 20px;"><i>(Greek-Orthodox, Moslem, Armenian-Gregorian, Roman Catholic, Maronite, Other Christian, Others.)</i></p> <p>15. Birthplace</p> <p style="padding-left: 20px;"><i>(Town or Village and District or country if born abroad.)</i></p> <p>16. Number of children (including this child) born alive to this mother during her life time.....</p> <p>17. Number of children (including this child) born alive to this mother during her present marriage</p> <p>18. Occupation <i>(State fully)</i>.....</p>
<p>Name of informant</p> <p>Address</p> <p>Relationship</p> <p>Signature</p> <p>Date</p>	<p>Signature or Seal of Registrar</p> <p>Date</p>

FORM E.

The Births and Deaths Registration Law—(Section 21).

Cap. 49.

REGISTER OF DEATHS.

(To be completed in Duplicate).

NAME OF DECEASED.

.....
(Personal Names and Surname)

Name of Father of deceased.....

Name of Mother of deceased.....

District	Date on which the registration was
Town or Village	scrutinized and filed
Quarter	<i>(Sgd.)</i>
Year..... Month.....	<i>Commissioner.</i>
Serial No.	

* Delete term not applicable.

† In case of multiple births make out a separate form for each child and state type of birth at question 5, e.g. "twin males", "male and female twins", "1 male and 2 female triplets", etc.

<p>1. Date of Death</p> <p>2. Place of Death <i>(If death occurred in a hospital give name.)</i></p> <p>3. Usual residence of deceased in Cyprus <i>(Town or Village and District.)</i></p> <p>4. Sex</p> <p>5. Age..... Years..... months..... days.</p> <p>6. Religion and Denomination <i>(Greek-Orthodox, Moslem, Armenian-Gregorian, Roman Catholic, Maronite, Other Christian, Others.)</i></p> <p>7. Conjugal Condition <i>(Single, married, divorced, widowed.)</i></p> <p>8. Number of children born to deceased.....</p> <p>9. Birthplace <i>(Town or Village and District or country if born abroad.)</i></p> <p>10. Date of Immigration to Cyprus <i>(For persons formerly established abroad.)</i></p> <p>11. Occupation <i>(State fully)</i></p> <p>12. Cause of Death <i>(To be completed by the Registrar from particulars on Medical Certificate of Cause of Death, if such a certificate was issued, otherwise from his own information.)</i></p> <p>Name of Medical Practitioner (if any) attending during last illness</p> <p>Name of person authorizing interment <i>(To be entered only in cases where the death was reported to the police under section 15 of the Law.)</i></p>	<p><i>The Medical Certificate of death is to be affixed by the Registrar over this space.</i></p>
<p>Name of Informant</p> <p>Address of Informant</p> <p>Relationship to deceased</p> <p>Date</p>	<p>Signature or Seal of Registrar.....</p> <p>Date.....</p>

FORM F.

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The Births and Deaths Registration Law—(Section 26).

CERTIFICATE OF DEATH.

Name

Date of Death.....

Place of Death.....

Sex.....

I hereby certify that the above information is extracted from the Registers of Deaths kept in my Office.

Date.....

Official Seal.

Commissioner of.....

FORM G.

The Births and Deaths Registration Law—(Sections 23 and 26).

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CERTIFICATE OF BIRTH.

Name

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

Where born (Town or Village).....

Name and surname of father.....

Name, surname and maiden name of mother.....

I hereby certify that the above information—

* (a) is extracted from the Registers of Births kept in my Office ;

* (b) is correct so far as I am able to ascertain from.....

.....Cyprus.

Date.....

Official Seal.

Commissioner of.....

* Delete if not applicable.