



REQUEST FOR GRENADA BIRTH AND LEGITIMATION CERTIFICATE

Please PRINT information. Do not join letters

Name of Applicant _____
(First Name) (Middle Name) (Last Name)

Date of Birth _____ Place of Birth _____
(Day-Month-Year) (Parish)

Father's Name _____
(First Name) (Middle Name) (Last Name)

Mother's Name _____
(First Name) (Middle Name) (Last Name)

Maiden Name _____
(Name before Marriage)

Fee Enclosed: EC \$10.00 (EC \$7.00 FEE and EC \$3.00 return postage)
Make International Postal Order payable to
Deputy Registrar

Return Address _____

TRANSMIT FROM AND FEE TO:
Deputy Registry-General
Births, Death and Marriage
Ministry of Health
1st Floor, Ministerial Complex
Botanical Garden, Tanteen
St. George's
Grenada
Tel: (473) 440-2806