

THE OFFICIAL GAZETTE 6TH MAY, 1995
LEGAL SUPPLEMENT - B



GUYANA

No. 22 of 1994

ORDER

Made Under

THE REGISTRATION OF BIRTHS AND DEATHS ACT
(Cap. 44:01)

IN EXERCISE OF THE POWERS CONFERRED UPON THE
MINISTER BY SECTION 7 OF THE REGISTRATION OF
BIRTHS AND DEATHS ACT, I HEREBY MAKE THE
FOLLOWING ORDER:-

Citation.

1. This Order may be cited as the Registration of
Births and Deaths (Forms) Order, 1994.

2. The First Schedule to the Act is hereby amended
by the substitution for Form 2 thereto of the following Form as
Form 2.

Amendment of
the First Sched-
ule to the
Principal Act.

Made this 7th day of April, 1994.

Sheik Feroze Mohamed,
Minister of Home Affairs.

| | | | | | |
|---|--|---|---|--------|---|
| REGISTRATION NUMBER | D <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | D D M M Y Y | | |
| GOVERNMENT OF GUYANA REGISTRATION OF DEATH GENERAL REGISTER OFFICE | | SECTION BELOW FOR GRO USE ONLY | | | |
| | | A REC | D <input type="text"/> M <input type="text"/> Y <input type="text"/> | E SYST | NS <input type="checkbox"/> OS <input type="checkbox"/> |
| | | B STATUS | CR <input type="checkbox"/> IR <input type="checkbox"/> | F DPF | |
| | | C TYPE | F <input type="checkbox"/> L <input type="checkbox"/> RR <input type="checkbox"/> | G CERT | |
| | | D HCF | | H RB | |

| 1.0 PARTICULARS OF DECEASED | | | |
|-----------------------------|---|--------------------|---|
| 1.1 LAST NAME (SURNAME) | | 1.2 MAIDEN NAME | |
| 1.3 FIRST NAME | | 1.7 DATE OF BIRTH | DAY MONTH YEAR |
| 1.4 OTHER NAMES | | 1.8 MARITAL STATUS | M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> |
| 1.5 RACE | <input type="checkbox"/> A <input type="checkbox"/> A1 <input type="checkbox"/> C <input type="checkbox"/> E1 <input type="checkbox"/> EU <input type="checkbox"/> PO <input type="checkbox"/> OT | 1.9 SEX | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| 1.6 USUAL RESIDENCE | | 1.10 OCCUPATION | |

| 2.0 Particulars of death (Please print CLEARLY) | | | | | |
|---|--|-------|------|---------------------------------------|-------------------------|
| 2.1 DATE OF DEATH | | | | 2.2 APPROXIMATE TIME OF DEATH | AM [] PM [] |
| | DAY | MONTH | YEAR | 2.3 INTERVAL BETWEEN ONSET & DEATH | NO. UNIT e.g days, yrs. |
| 2.4 DISEASE, INJURY OR COMPLICATION LEADING DIRECTLY TO DEATH: | 1 (a) due to (or as a consequence of) | | | | |
| 2.5 ANTECEDENT CAUSES GIVING RISE TO DEATH | (b) due to (or as a consequence of) | | | | |
| | (c) due to (or as a consequence of) | | | | |
| | (d) | | | | |
| 2.6 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH | | | | | |
| 2.7 EXTERNAL CAUSES (HOW INJURY OCCURRED) | | | | 2.8 DATE OF INJURY | |
| 2.9 PLACE OF INJURY | HOME [] STREET [] FARM [] WORKPLACE [] OTHER [] | | | DAY | MINTH |
| 2.10 PLACE OF DEATH | | | | YEAR | |
| HOSPITAL | NAME OF HOSPITAL OR INSTITUTION | | | LOCATION | DISTRICT |
| OTHER | NUMBER, STREET | | | LOCATION | DISTRICT |
| THIS DOES NOT MEAN THE MODE OF DYING, E. G. HEART FAILURE, ASTHENSIS, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED THE DEATH. | | | | 2.11 POST MORTEM PERFORMED/INSPECTION | YES [] NO [] |

| 3.0 PARTICULARS OF INFORMANT | | |
|------------------------------|--|------------------------------|
| 3.1 NAME | | 3.3 RELATIONSHIP TO DECEASED |
| 3.2 ADDRESS | | 3.4 SIGNATURE |

| 4.0 PARTICULARS OF OFFICER CERTIFYING DEATH | | | |
|--|---|------------------------------------|-------|
| 4.1 NAME | | 4.4 DATE DECEASED LAST SEEN BY ME | |
| 4.2 ADDRESS | | DAY | MONTH |
| 4.3 OCCUPATION | <input type="checkbox"/> GENERAL PRACTITIONER <input type="checkbox"/> PATHOLOGIST <input type="checkbox"/> MEDEX <input type="checkbox"/> OTHER | YEAR | |
| | | 4.5 DATE THIS CERTIFICATE PREPARED | |
| | | DAY | MONTH |
| | | YEAR | |
| DECLARATION: I HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON DIED ON THE DATE AND OF THE CAUSES SPECIFIED ABOVE | | SIGNATURE | |

| | |
|--|---|
| <p>NOTICE TO MEDICAL OFFICER CERTIFYING DEATH You are required under law to file the original of this registration of death with the General Register Office not later than 14 days after the date on which you have certified the death.</p> | <p style="text-align:center;">NOT A LEGAL RECORD</p> <p>This is not an official death certificate and cannot be used as one. Death certificates can be obtained from the General Register Office by applying through your local post office 30 days after the date of this registration.</p> |
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