The following SUBSIDIARY LEGISLATION is published in this Supplement which forms part of this Gazette:—

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FUGITIVE OFFENDERS (DESIGNATED COMMONWEALTH COUNTRIES) ORDER, 1974.

In exercise of the powers vested in the Administrator by sub-section (1) of Section 2 of the Fugitive Offenders Act, 1967 as extended to the Sovereign Base Areas of Akrotiri and Dhekelia by the Fugitive Offenders (Sovereign Base Areas of Akrotiri and Dhekelia) Order, 1967, the Acting Administrator, with the approval of the Secretary of State, hereby makes the following Order:—

1. This Order may be cited as the Fugitive Offenders (Designated Commonwealth Countries) Order, 1975.

2. The People's Republic of Bangladesh is hereby designated for the purposes of Section 1 of the Fugitive Offenders Act, 1967 as extended to the Sovereign Base Areas of Akrotiri and Dhekelia by the Fugitive Offenders (Sovereign Base Areas of Akrotiri and Dhekelia) Order, 1967.

Made this 6th day of October, 1975.

By the Acting Administrator's Command,
A.W. STEPHENS
Chief Officer,
Sovereign Base Areas.
THE GAME AND WILD BIRDS (PROTECTION AND DEVELOPMENT) ORDINANCE, 1974

(Ordinance No. 11 of 1974).

ORDER MADE UNDER SECTION 6.

In exercise of the powers conferred upon me under section 6 of the Game and Wild Birds (Protection and Development) Ordinance, 1974, I, the Chief Officer, hereby order as follows:—

1. This Order may be cited as the Game (Ceiling) Order, 1975.

2. The number of game that may be shot by the holder of a game licence on any one day shall not exceed two hares and five partridges, or two hares, four partridges and one francolin.

Dated this 17th day of October, 1975.

A.W. STEPHENS
Chief Officer,
Sovereign Base Areas.

(196/1)
THE BIRTHS AND DEATHS REGISTRATION
ORDINANCE, 1975
(Ordinance No. 8 of 1975).

THE BIRTHS, STILL-BIRTHS AND DEATHS
REGISTRATION (PRESCRIPTION OF FORMS)
REGULATIONS, 1975

ARRANGEMENTS OF REGULATIONS.

1. Short title.

PART I — BIRTHS AND STILL-BIRTHS.

3. Notice to informant to give information.
4. Registration of birth and still-birth.
5. Medical certificate on still-birth.
9. Fixing of fees for the issue of copies of certain certificates.
12. Certificate of alteration of name or giving a name.
13. Requirement by parents of a legitimated person to give information.

PART II — DEATHS.

15. Medical certificate of cause of a death.
16. Certificate of Coroner on particulars of a death required to be registered.
17. Registration of a death after an inquest or a post-mortem examination.
20. Certificate that registration of a death in the Areas is not required.

PART III — BIRTHS, STILL-BIRTHS AND DEATHS.

22. Registers.
23. Monthly returns of certified copies of registrations in the Register.
24. Certificate that no registration has been made in the Register.
PART IV — SAVING.

25. Saving of existing forms.

**SCHEDULE**

FORM 1 — NOTICE OF BIRTH.

FORM 2 — NOTICE TO INFORMANT REQUIRED TO GIVE INFORMATION.

FORM 3 — REGISTER OF BIRTHS.

FORM 4 — REGISTER OF STILL-BIRTHS.

FORM 5 — MEDICAL CERTIFICATE IN RESPECT OF STILL-BIRTH.

FORM 6 — FORM OF DECLARATION IN RESPECT OF STILL-BIRTH.

FORM 7 — CERTIFICATE OF REGISTRATION OF STILL-BIRTH.

FORM 8 — CERTIFICATE BY THE REGISTRAR THAT HE HAS RECEIVED NOTICE OF A STILL-BIRTH.

FORM 9 — CERTIFICATE OF REGISTRATION OF BIRTH.

FORM 10 — CERTIFICATE OF BIRTH.

FORM 11 — CERTIFICATE IN RESPECT OF THE NAME GIVEN OR ALTERED AT THE TIME OF BAPTISM WITHIN A PERIOD OF TWELVE MONTHS AFTER REGISTRATION OF BIRTH.

FORM 12 — CERTIFICATE OF NAME GIVEN OR ALTERED OTHER THAN AT BAPTISM WITHIN A PERIOD OF TWELVE MONTHS AFTER THE REGISTRATION OF BIRTH.

FORM 13 — NOTICE TO PARENTS OF A LEGITIMATED CHILD TO GIVE INFORMATION.

FORM 14 — REGISTER OF DEATHS.

FORM 15 — MEDICAL CERTIFICATE OF CAUSE OF DEATH.

FORM 16 — NOTICE TO INFORMANT OF SIGNING OF THE CERTIFICATE OF THE CAUSE OF DEATH.

FORM 17 — CORONER’S CERTIFICATE ON REGISTRATION OF PARTICULARS OF A DEATH.

FORM 18 — CERTIFICATE OF REGISTRATION OF A DEATH.

FORM 19 — CERTIFICATE OF REGISTRAR THAT HE HAS RECEIVED NOTICE ON DEATH.

FORM 20 — CERTIFICATE FOR NON-REQUIREMENT TO REGISTER A DEATH IN THE AREAS.

FORM 21 — CERTIFICATE OF NO REGISTRATIONS MADE IN THE REGISTER.

FORM 22 — CERTIFICATE OF DEATH.
THE BIRTHS AND DEATHS REGISTRATION
ORDINANCE, 1975
(Ordinance No. 8 of 1975).

REGULATIONS MADE BY THE ADMINISTRATOR
UNDER SECTION 45.

In exercise of the powers conferred upon him by section 45
of the Births and Deaths Registration Ordinance, 1975, the
Administrator hereby makes the following Regulations :

1. These Regulations may be cited as the Births, Still-births
and Deaths Registration (Prescription of Forms) Regulations,
1975.

PART I

BIRTHS AND STILL-BIRTHS

2. The form of notification of a birth by a medical practitioner
or midwife, in pursuance of section 5 of the Ordinance, shall be
as set out in the Form 1 of the Schedule hereto.

3. For the purposes of sections 7, 10 and 22 of the Ordinance,
the form of notice to an informant, who is required to give
information concerning a birth or a death, shall be as set out in
the Form 2 of the Schedule.

4. The form for the registration of a birth and the particulars
required in connection therewith, in pursuance of section 8 of the
Ordinance, shall be as set out in the Form 3 in the Schedule
hereto and the form for the registration of a still-birth and the
particulars required in connection therewith in pursuance of
the said section of the Ordinance, shall be as set out in the Form 4 of
the Schedule hereto.

5. For the purposes of paragraph (a) of subsection (1) of
section 14 of the Ordinance the form of a certificate by a medical
practitioner or midwife that the child was not born alive, shall be
as set out in the Form 5 of the Schedule hereto.

6. For the purposes of paragraph (b) of subsection (1) of
section 14 of the Ordinance, the form of declaration, in the
absence of a certificate by a medical practitioner or midwife that
the child was not born alive, shall be as set out in the Form 6 of
the Schedule.

7. For the purposes of subsection (2) of section 14 of the
Ordinance the form of the certificate of the Registrar that he has
registered a still-birth shall be as set out in the Form 7 of the
Schedule hereto.

8. For the purposes of subsection (2) of section 14 of the
Ordinance, the form of the certificate of the Registrar that he has
received notice of still-birth shall be as set out in the Form 8 of
the Schedule.

9. For the purposes of subsections (3) and (4) of sections 14
and 27 respectively, the fee payable for the issue of a duplicate
certificate of the registration of a still-birth, a certificate of
registration of death or a certificate that registration of death is not required in the Areas, shall be two hundred mils.

10. For the purposes of section 15 (1) of the Ordinance, the form of the certificate of the Registrar that he has registered a birth shall be as set out in the Form 9 of the Schedule hereto.

11. For the purposes of subsection (2) of section 15 of the Ordinance, the form of certificate of birth shall be as set out in the Form 8A of the Schedule hereto.

12. For the purposes of section 16 of the Ordinance, the form of certificate that the name by which a child was registered has been altered or given in baptism, or, if the child was registered without a name, that a name has been given to the child, shall be, if the name was altered or given in baptism, as set out in the Form 11 of the Schedule hereto, and if the name was not given to the child in baptism shall be as set out in the Form 12 of the Schedule hereto.

13. For the purposes of subsection (2) of section 17 of the Ordinance, the notice by the Registrar General concerning the giving of information in respect of a legitimated person on the marriage of his parents, shall be as set out in the Form 13 of the Schedule hereto.

**PART II**

**DEATHS**

14. The form for the registration of a death and particulars required in connection therewith in pursuance of section 23 of the Ordinance, shall be as set out in the Form 14 of the Schedule hereto.

15.—(1) The form of certificate by a medical practitioner for the cause of death in pursuance of subsection (1) of section 25 of the Ordinance shall be as set out in the Form 15 of the Schedule hereto.

(2) The form of notice to an informant in pursuance of subsection (2) of section 25 of the Ordinance that such a certificate has been signed, shall be as set out in the Form 16 of the Schedule hereto.

16. The form of a Certificate of the Coroner on particulars of a death required to be registered in connection therewith, in pursuance of subsection (1) of section 26 of the Ordinance, shall be as set out in the Form 17 of the Schedule hereto.

17.—(1) The form for the registration of a death and particulars required in connection therewith as found at the inquest in pursuance of subsection (2) of section 26 of the Ordinance, shall be as set out in the Form 14 of the Schedule hereto.

(2) The form for the registration of the cause of a death in pursuance of subsection (3) of section 26 of the Ordinance, if after a post-mortem examination the Coroner is satisfied that an inquest is unnecessary, shall be as set out in the Form 14 of the Schedule hereto, in so far as it relates to the cause of a death.
18. For the purposes of subsection (1) of section 27 of the Ordinance, the form of certificate of the Registrar that he has registered a death shall be as set out in the Form 18 of the Schedule hereto.

19. For the purposes of subsection (1) of section 27 of the Ordinance, the form of certificate of the Registrar that he has received notice of a death, shall be as set out in the Form 19 of the Schedule hereto.

20. The form of certificate by the Chief Officer, in pursuance of subsection (2) of section 27 of the Ordinance, that registration of a death in the Areas is not required, shall be as set out in the Form 20 of the Schedule hereto, and a fee of fifty mils shall be payable for the issue of such a certificate.

21. For the purposes of subsection (7) of section 27 of the Ordinance, the form of certificate of death shall be as set out in the Form 22 of the Schedule hereto.

PART III
BIRTHS, STILL-BIRTHS AND DEATHS

22.—(1) Every Register of Births, Still-births and Deaths shall be in the form of a book, on the cover of which the Area or part of the Area to which it refers shall be recorded as well as the number thereof and shall contain pages of blank forms as set out in the Forms 3, 4 and 14 of the Schedule hereto respectively.

(2) The pages of the book shall contain such number of forms as the Registrar General may prescribe and the forms shall be numbered in serial numbers.

23. The form of a true copy of all entries in the Register of Births. Still-births and Deaths for any period for the purposes of section 29 of the Ordinance shall be in the case of births as set out in the Form 3 of the Schedule hereto, in the case of still-births as set out in the Form 4 of the Schedule hereto and in case of deaths as set out in the Form 14 of the Schedule hereto.

24. The form of the certificate of the Registrar that no registration of births, still-births or deaths has been carried out in the area or part of the area for which he is responsible during any month in pursuance of paragraph (b) of subsection (1) of section 29 of the Ordinance, shall be as set out in the Form 20 of the Schedule hereto.

PART IV
SAVING

25. Notwithstanding anything contained in these Regulations, any form in lawful use before the coming into operation of these Regulations for any purposes for which they provide may be used for the same purpose until the coming into operation of these Regulations.
NOTICE OF BIRTH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 5 (1) and (2)).

I hereby give notice that in my medical capacity I was in attendance during the birth of a male/female child,

of......................................................................................................(father's name) and

of ...................................................................................................(mother's name)

of...................................................................................................(place of residence) which

occurred at/in........................................................................on the........................................

................................................................................................................

Signature of medical practitioner

Date.................................................................

This notification should be forwarded or delivered in duplicate by the medical practitioner to the Registrar of Births and Deaths of the Area where the birth occurred, within a period of fifteen days therefrom.
NOTICE TO INFORMANT REQUIRED TO GIVE INFORMATION

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Sections 7, 10 and 22).

You are hereby required to call at the Office of ...........................................
........................................ on ........................................ concerning particulars required to be registered in respect of a birth/death.

At ........................................

Date ........................................

Superintendent Registrar,
Registrar of Births and Deaths,
Akrotiri/Dhekelia
Sovereign Base Area
REGISTER OF BIRTHS

The Births and Deaths Registration Ordinance, 1975

(Ordinance 8 of 1975).

(Section 8).

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<td>Father's name</td>
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<td>Father's occupation</td>
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<td>Signature, identity card number, qualification and address of the informant</td>
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<td>Date of registration</td>
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<tr>
<td>Signature of Registrar</td>
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<td>Name given after the registration</td>
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</table>
### REGISTER OF STILL-BIRTHS

The Births and Deaths Registration Ordinance, 1975

(Ordinance 8 of 1975).

(Section 8).

<table>
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<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Date and place of birth</td>
<td>Sex</td>
<td>Father's name</td>
<td>Mother's name and maiden name</td>
<td>Father's occupation</td>
<td>Signature, identity card number, qualification and address of the informant</td>
<td>Date of registration</td>
<td>Evidence of still-birth</td>
<td>Signature of Registrar</td>
</tr>
</tbody>
</table>
MEDICAL CERTIFICATE IN RESPECT OF STILL-BIRTH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 14 (1)(a)).

1. Date of still-birth

2. Place of still-birth

3. Names of parents of the still-born child or, in case of an illegitimate child, name of mother only

4. Address of mother

I, the undersigned* declare that to the best of my knowledge and belief the above mentioned particulars are true and that the said child was not born alive.

Signature

Date

* To be signed by a medical practitioner or midwife.
FORM OF DECLARATION IN RESPECT OF STILL-BIRTH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 14 (1) (b)).

1. Date of still-birth......................................................................................................

2. Place of still-birth.....................................................................................................

3. Names of parents of the still-born child or, in the case of an illegitimate child, name of mother only

4. Address of mother.....................................................................................................

5. Reasons for which a certificate by a medical practitioner or midwife that the child was not born alive cannot be obtained

6. Name and address of the medical practitioner or midwife present at the birth

I, the undersigned declare that to the best of my knowledge and belief the above mentioned particulars are true and that the said child was not born alive.

Signature.................................................................

* Father/Mother/Grandfather/Grandmother

* Delete as inapplicable or state other qualification.
CERTIFICATE OF REGISTRATION OF STILL-BIRTH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 14 (2)).

This Certificate shall be granted to the person who is to effect the disposal of the body

I, the undersigned, hereby certify that I have today registered the birth of the still-born child of

........................................................................ and of...........................................................................

which occurred at......................................................................................................................

on................................................................................................under registration number..............

Signed by me today.............................................................................

.................................................................................................................................

Registrar of Births and Deaths
Akrotiri/Dhekelia
Sovereign Base Area
CERTIFICATE BY THE REGISTRAR THAT HE HAS RECEIVED NOTICE OF A STILL-BIRTH

The Births and Deaths Registration Ordinance, 1975 (Ordinance 8 of 1975). (Section 14 (2)).

I, the undersigned Registrar, hereby certify that I have today received written notice of the birth of a still-born child of

and of

which occurred in

on the together with a medical certificate that the child was not born alive.

Signed by me today

Registrar of Births and Deaths
Akrotiri/Dhekelia
Sovereign Base Area
FORM 9

CERTIFICATE OF REGISTRATION OF BIRTH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 15 (1)).

I, the undersigned Registrar, hereby certify that the birth of a

[underline]male [underline] child born alive on.................................................................

[underline]female [underline] has been duly registered by me in the Register under registration

number.............................................

Name of informant.............................................................

Qualification of informant................................................

Signed by me today...........................................................


Registrar of Births and Deaths
Akrotiri/Dhekelia
Sovereign Base Area

FEE PAID: 50 mils.
No.

THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
(Ordinance 8 of 1975).
(Section 15 (2)).

CERTIFICATE OF BIRTH.

Name ..............................................................................

Date of Birth ......................................................................
Birthplace ...........................................................................

Sex ..................................................................................
Date of Issue .....................................................................

Area Officer ......................................................................
Sovereign Base Area
Akrotiri/Dhekelia

FEE PAID: 150 mls.

FORM 10

SOVEREIGN BASE AREA OF AKROTIRI/DHEKELIA

THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
(Ordinance 8 of 1975).
(Section 15 (2)).

CERTIFICATE OF BIRTH.

Name .............................................................................. Sex ........................................................

Date of Birth ...................................................................... Where born ........................................................
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 .......................................................... Island of Cyprus.

Date .................................................................................. Island of Cyprus.

Official Seal ........................................................................

Area Officer ........................................................................
Sovereign Base Area
Akrotiri/Dhekelia

FEE PAID: 150 mls. ............................................................... Area Officer .......................... Sovereign Base Area
Akrotiri/Dhekelia

(* Delete if not applicable)
CERTIFICATE IN RESPECT OF THE NAME
GIVEN OR ALTERED AT THE TIME OF BAPTISM
WITHIN A PERIOD OF TWELVE MONTHS AFTER
REGISTRATION OF BIRTH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 16).

It is hereby certified that the \underline{male/female} child born on
to father .................................................................
and mother ..................................................................... was baptised on
 ...................................................... 19 by*..........................................................
in the church/monastery of ................................................
and was given the name of ................................................

This declaration has been made by me today the ......................

Signature .................................................................
(To be signed by the priest who
baptised the child or the keeper
of the Register of Baptisms).

* Insert the name of the priest who baptised the child.

FEE PAID: 50 mils.
CERTIFICATE OF NAME GIVEN OR ALTERED OTHER THAN AT BAPTISM WITHIN A PERIOD OF TWELVE MONTHS AFTER THE REGISTRATION OF BIRTH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 16).

I, ........................................................................................................................................
of ...........................................................................................................................................
being ......................................................................................................................... (relationship or qualification)
of a ..................................................... child born to father........................................................
and mother........................................................ on.............................................. 19
whose birth was recorded in the Register of Births of..............................
Area on............................................. 19..... hereby declare that whereas
no name was given to the child at the time of registration/the name by which it was registered has since been altered*, the name .............................................................. was given to it within a period of twelve months after registration.

This declaration was made by me today the..................................................

Signature...........................................................................................................

* Delete as inapplicable.

FEE PAID: 50 mils.
NOTICE TO PARENTS OF A LEGITIMATED CHILD TO GIVE INFORMATION

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 17 (2)).

You are hereby requested to call at the Area Office, Akrotiri/Dhekelia on.........................................................to give information concerning the registration of particulars in respect of legitimation of a person on the marriage of his/her parents.

At....................................................................................

On....................................................................................

.....................................................................................

Registrar-General,
Sovereign Base Areas
REGISTER OF DEATHS

The Births and Deaths Registration Ordinance, 1975

(Ordinance 8 of 1975).

(Sections 23 and 26).

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<tbody>
<tr>
<td>Number</td>
<td>Time and place of death</td>
<td>Name and surname</td>
<td>Sex</td>
<td>Age</td>
<td>Occupation</td>
<td>Cause of Death</td>
<td>Signature, identity card number and address of informant</td>
<td>Date of registration</td>
<td>Signature of Registrar</td>
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</table>

FORM 14
MEDICAL CERTIFICATE OF CAUSE OF DEATH

The Births and Deaths Registration Ordinance, 1975

(Ordinance 8 of 1975).

(Section 25 (1)).

Name of deceased

Date of death, as stated to me

Age, as stated to me

Place of death

I last saw him alive on

I saw/I did not see him after death.

<table>
<thead>
<tr>
<th>I</th>
<th>II</th>
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<tbody>
<tr>
<td>Disease or condition giving immediate rise to death.</td>
<td>(a)</td>
</tr>
<tr>
<td>Cause preceding death.</td>
<td>(b)</td>
</tr>
<tr>
<td>Morbid conditions (if any) giving rise to immediate cause. (Basic cause to be stated last).</td>
<td>(c)</td>
</tr>
</tbody>
</table>

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<tr>
<th>II</th>
<th>I</th>
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<tbody>
<tr>
<td>Other serious conditions contributing to death but not related to the disease or the condition causing death.</td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that I was present in my medical capacity during the last illness of the above deceased person and that the above-mentioned particulars and the cause of death are, to the best of my knowledge and belief, true.

Signature

Date
NOTICE TO INFORMANT OF SIGNING
OF THE CERTIFICATE OF THE CAUSE OF DEATH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 25 (2)).

I hereby declare that I have today signed a medical certificate stating the cause of death of.................................................................
..................................................................................................................................................................................
..................................................................................................................................................................................
..................................................................................................................................................................................

..................................................................................................................................................................................

Signature of medical practitioner

Date........................................................................................................

This notice should be delivered by the informant to the Registrar of Births and Deaths of the area where the death occurred.
CORONER'S CERTIFICATE ON REGISTRATION OF PARTICULARS OF A DEATH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 26 (1)).

1. Name and surname of deceased..................................................................

2. Age of deceased..........................................................................................

3. Last address of deceased...........................................................................

4. Date of death............................................................................................

5. Place of inquest ..........................................................................................

6. Date of inquest..........................................................................................

7. Cause of death..........................................................................................

I hereby certify that to the best of my knowledge and belief the above-mentioned particulars and the cause of death are true.

Signed by me..............................................................................................

(Signature).................................................................................................

Coroner
CERTIFICATE OF REGISTRATION OF A DEATH
The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 27 (1)).

I, the undersigned Registrar, hereby certify that the death
of........................................................................ of........................................................................
which occurred at............................... on..............................
has been duly registered by me in the Register under Registration
number..........................................

Signed by me today.................................................................

........................................................................
Registrar of Births and Deaths
Akrotiri/Dhekelia
Sovereign Base Area
CERTIFICATE OF REGISTRAR THAT HE HAS RECEIVED NOTICE ON DEATH

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 27 (1)).

I, the undersigned Registrar, hereby certify that I have today........................................ received written notice of the death of........................................ of........................................

........................................ which occurred at........................................
on........................................, together with a medical certificate setting out the cause of death.

Signed by me today........................................

........................................

Registrar of Births and Deaths
Akrotiri/Dhekelia
Sovereign Base Area
CERTIFICATE FOR NON-REQUIREMENT
TO REGISTER A DEATH IN THE AREAS

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 27 (2)).

I, the Chief Officer, hereby certify that from information supplied by declaration made before me, it appears that the death of .................................................................................................................................................................
is not required by law to be registered in the Areas.

Signature........................................................................................................................................

Chief Officer,
Sovereign Base Areas

FEE PAID: 50 mils.
CERTIFICATE OF NO REGISTRATIONS
MADE IN THE REGISTER

The Births and Deaths Registration Ordinance, 1975
(Ordinance 8 of 1975).
(Section 29 (1) (b)).

Akrotiri/Dhekelia Area

I hereby certify that no registration of births, still-births or deaths has been made in the Register of Births and Deaths, kept by me in the............................................... Area during the past month of ..................................................

The number of the last registration made in the Register prior to the past month is..................................................

Given at..................................................

Date..................................................

..................................................

Registrar,
Akrotiri/Dhekelia
Sovereign Base Area
THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
(Ordinance 8 of 1975).
(Section 27 (7)).

CERTIFICATE OF DEATH.

Name ..........................................................................

..........................................................................

Sex ..........................................................................

Date of Death ..................................................................

Place of Death ..................................................................

Date of Issue ..................................................................

Area Officer .................................................................

Sovereign Base Area
Akrotiri/Dhekelia

FEE PAID: 150 mils.

THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
(Ordinance 8 of 1975).
(Section 27 (7)).

CERTIFICATE OF DEATH.

Name ..........................................................................

..........................................................................

Sex ..........................................................................

Date of Death ..................................................................

Place of Death ..................................................................

..........................................................................

I HEREBY CERTIFY that the above information is extracted from
the Registers of Deaths kept in my office.

Date ................................................................., 19.

Official Seal .................................................................

Area Officer .................................................................

Sovereign Base Area
Akrotiri/Dhekelia

FEE PAID: 150 mils.
Dated this 17th day of October, 1975.

By the Administrator's Command,
A.W. STEPHENS
Chief Officer,
Sovereign Base Areas.