

UK BIRTH CERTIFICATE ORDER FORM

Member Name: _____ Member No: _____

Member Address: _____

State: _____ Postcode: _____

Email: _____ Telephone/Mobile: _____

Hold or Post (add \$2.00)

I do agree to a copy of the certificate being lodged in the SAG Primary Records.

I do not agree to a copy of the certificate being lodged in the SAG Primary Records.

Signature: _____ Date: _____

Please ensure exact details from General Register Office Index

Forename: _____ Surname: _____

Year: _____ Quarter: _____ Vol No: _____ Page No: _____

District: _____

NB: Once the certificate is lodged there will be NO changes, NO refunds, NO cancellations

Office use only - Paid by (please circle)

Cash CC CHQ \$

Initials: Receipt Number: