STATUTORY INSTRUMENTS

1965 No. 1839 (S. 95)

REGISTRATION OF BIRTHS, DEATHS, MARRIAGES, ETC.

The Registration of Births, Still-births, Deaths and Marriages (Prescription of Forms) (Scotland) Regulations 1965

Made - - - - 21*st October* 1965
Coming into Operation 1*st January* 1966

In exercise of the powers conferred upon me by section 54(1)(*b*) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965(**a**), and of all other powers enabling me in that behalf and with the approval of the Secretary of State for Scotland, I hereby make the following regulations:—

Citation and Commencement

1. These regulations may be cited as the Registration of Births, Still-births, Deaths and Marriages (Prescription of Forms) (Scotland) Regulations 1965 and shall come into operation on 1st January 1966.

Interpretation

2.—(1) The Interpretation Act 1889(**b**) shall apply for the interpretation of these regulations as it applies for the interpretation of an Act of Parliament.

(2) In these regulations, unless the context otherwise requires—

"the Act" means the Registration of Births, Deaths and Marriages (Scotland) Act 1965;

"birth" does not include a still-birth;

"name" means Christian name or forename;

"district registrar" has the same meaning as in the Act;

"still-born child" means a 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 signs of life; and the expression "still-birth" shall be construed accordingly.

Forms for use in connection with registration of births, still-births and deaths

3. The register of births shall be comprised of forms in the style set out in Schedule 1 to these regulations and the particulars concerning births required by section 13(1) of the Act to be registered shall be the particulars required for the completion of each such form.

4. The register of still-births shall be comprised of forms in the style set out in Schedule 2 to these regulations and the particulars concerning still-births required by section 13(1) of the Act to be registered shall be the particulars required for the completion of each such form.

(**a**) 1965 c. 49. (**b**) 52 & 53 Vict. c. 63.

5. The notice to be served under section 16(1) of the Act on a qualified informant of a birth shall be in the form set out in Schedule 3 to these regulations and the second notice under section 16(2) of the Act shall be in the form set out in Schedule 4 to these regulations.

6. The abbreviated certificate of birth to be issued under sections 19 and 40(1) of the Act shall be in the form or as nearly as may be in the form set out in Schedule 5 to these regulations.

7. The certificate relating to a still-birth to be given by a registered medical practitioner or a certified midwife under section 21(2)(*a*) of the Act shall be in the form set out in Schedule 6 to these regulations.

8. The declaration to be made under section 21(2)(*b*) of the Act by a qualified informant of a still-birth when (1) no registered medical practitioner or certified midwife was present at the birth or examined the body or (2) his or her certificate cannot be obtained, shall be in the form set out in Schedule 7 to these regulations.

9. The certificate of registration of a still-birth to be given by a district registrar under section 21(4) of the Act shall be in the form set out in Schedule 8 to these regulations.

10. The notice that the burial of a still-born child has taken place, to be given under section 21(5) of the Act by the keeper or other person in charge of a place of interment where no certificate under section 21(4) of the Act has been provided, shall be in the form set out in Schedule 9 to these regulations.

11. The register of deaths shall be comprised of forms in the style set out in Schedule 10 to these regulations and the particulars concerning deaths required by section 22(1) of the Act to be registered shall be the particulars required for the completion of each such form.

12. The certificate of cause of death to be given by a registered medical practitioner for the purposes of section 24 of the Act shall be in the form set out in Schedule 11 to these regulations.

13. The notice to be served under section 25(1) of the Act on a qualified informant of a death shall be in the form set out in Schedule 12 to these regulations and the second notice under section 25(2) of the Act shall be in the form set out in Schedule 13 to these regulations.

14. The certificate of registration of a death to be given by a registrar under section 27(1) of the Act shall be in the form set out in Schedule 14 to these regulations.

15. The notice of burial to be given under section 27(3) of the Act by the person in charge of a place of interment, shall, where no certificate of registration of death has been received by him, be in the form set out in Schedule 15 to these regulations.

16. The abbreviated certificate of birth to be issued under section 40(2) of the Act shall be in the form or as nearly as may be in the form set out in Schedule 16 to these regulations.

Forms for use in connection with registration of marriages

17. The register of marriages shall be comprised of forms in the style set out in Schedule 17 to these regulations.

18. The Marriage Schedule to be completed by the district registrar under section 29 of the Act shall be in the form set out in Schedule 18 to these regulations.

19. The notice to be served under section 31(1) of the Act on either of the parties to a marriage shall be in the form set out in Schedule 19 to these regulations and the second notice under section 31(2) of the Act shall be in the form set out in Schedule 20 to these regulations.

Forms for use in connection with changes of name or surname

20. Where the name of a child has been changed or given in baptism, the certificate to be signed by the person who performed the ceremony or his successor in office under section 43(3) of the Act, shall be in the form set out in Schedule 21 to these regulations.

21. Where the name of a child has been changed or given, otherwise than in baptism, the certificate to be signed by the qualified applicant, under section 43(3) of the Act, shall be in the form set out in Schedule 22 to these regulations.

22. The application under section 43(4) of the Act for the recording of a change of name or surname of a child under 16 years of age shall be in the form set out in Schedule 23 to these regulations.

23. The application under section 43(5) of the Act for the recording of a change of name or surname of a person over 16 years of age shall be in the form set out in Schedule 24 to these regulations.

Forms for use in connection with paternity of illegitimate children

24. For the purposes of section 18(2) of the Act the notice of import of a decree of paternity shall be in the form set out in Schedule 25 to these regulations.

25. The declaration to be made by the mother of an illegitimate child, for the purposes of section 18 of the Act, shall be in the form set out in Schedule 26 to these regulations.

Forms for use in connection with the correction of errors, etc.

26. The Register of Corrections Etc. shall be comprised of forms in the style set out in Schedule 27 to these regulations.

Forms for use in connection with alteration of status

27. For the purposes of section 48 of the Act the notice of import of decrees affecting status shall be in the form set out in Schedule 28 to these regulations for decrees of divorce, nullity of marriage or dissolution of marriage, and in the form set out in Schedule 29 to these regulations for decrees of declarator of legitimacy or illegitimacy.

Alex. B. Taylor,
Registrar General
for Scotland.

New Register House,
Edinburgh.
20th October 1965.

I approve.

William Ross,
One of Her Majesty's
Principal Secretaries
of State.

21st October 1965.

SCHEDULE 1

District No.	Year	Entry No.	Record Linkage

BIRTH Registered in the District of.....

.....in the.....of.....

(1) Name(s) and Surname			(2) Sex
(3) When Born — Date	19.....	(4) Where Born	
(3) When Born — Time			
(5) Father's Name(s) Surname and Occupation Mother's Name(s) Surname and Maiden Surname and Usual Residence (if different from Place of Birth) Date and Place of Parents' Marriage			
(6) Signature and Qualification of Informant			
(7) When Registered	19.....	(8) Registrar's Signature	..... *Registrar*
R.C.E.			

SCHEDULE 2

DISTRICT No.	YEAR	ENTRY No.	RECORD LINKAGE

STILL-BIRTH REGISTERED IN THE DISTRICT OF.....

.....in the.....of.....

(1) When Born — Date	19.....	(2) Where Born		(3) Sex
Time				
(4) Father's Name(s) Surname and Occupation				
Mother's Name(s) Surname and Maiden Surname and Usual Residence (if different from Place of Birth)				
Date and Place of Parents' Marriage				
(5) Cause or Probable Cause of Death	I (a)			
	(b)			
	(c)			
	II			
Name and Qualifications of Medical Practitioner or Midwife				
(6) Signature and Qualification of Informant	.....		.....	
(7) When Registered	19.....	(8) Registrar's Signature	..... *Registrar*	
R.C.E.				

SCHEDULE 3

From:
The Registrar of Births, etc.,
District of .....
Address .....
.....

To:
.....
.....
.....
.....

REGISTRATION OF BIRTH

Section 16(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965, provides that where a birth has not been registered within 21 days after the date of birth the registrar may require the personal attendance of a qualified informant to give information of the particulars to be registered concerning the birth.

You are a qualified informant of the birth of a .....male child born at..... ..... on the ..... and **I hereby require you to attend** at this office before..... to give the necessary information to the best of your knowledge and belief, and to sign the register.

If the birth has already been registered please let me know the date and place of registration.

.....*Registrar*
.....19.....

SCHEDULE 4

From:
The Registrar of Births, etc.,
District of .....
Address .....
.....

To:
.....
.....
.....
.....

FINAL NOTICE: REGISTRATION OF BIRTH

In terms of section 16(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965, a notice was sent to you on..... requiring you (*a*) to attend at this office to give information of the particulars to be registered concerning the birth of a .....male child born at..... .....on....., and (*b*) to sign the register.

The child's birth has still not been registered at this office or been reported to me as having been registered elsewhere, and **I hereby require you to attend** at this office before .....
If you fail to attend as requested, and the birth of the child remains unregistered, it may be my duty to report the matter to the sheriff.

.....*Registrar*
.....19.....

SCHEDULE 5

ABBREVIATED CERTIFICATE OF BIRTH

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES (SCOTLAND) ACT 1965, SS. 19 AND 40

District No.	Year	Entry No.	

BIRTH Registered in the District of.....

in the..... of .....

(1) Name(s) and Surname		(2) Sex
(3) When Born — Date	19.....	(4) Where Born
(3) When Born — Time		

I HEREBY CERTIFY that the above particulars are extracted from a Register of Births in my custody.

Given under my hand this.....day of.....19.....

.....Registrar

District of .....

SCHEDULE 6

This Certificate must be delivered to the Registrar of Births, Deaths and Marriages when the still-birth is registered. It is not an authority for burial or cremation. A list of the persons required to give information for the registration of a still-birth is given on the back of this form.

CERTIFICATE OF STILL-BIRTH

TO BE GIVEN IN RESPECT OF 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 SIGNS OF LIFE

Registrar to enter
Dist. No.....
Entry No.....
Year .....

To the Registrar of the District of.....

* *I was present at the still-birth of a *male/female child born*

* *I have examined the body of a *male/female child which I am informed and believe was still-born*

on.....19....., *to* .....
(*name of mother*)

at.....
(*place of birth*)

I hereby certify that the child was NOT BORN ALIVE and that, to the best of my knowledge and belief, the cause or probable cause of death, and the estimated duration of pregnancy of the mother were as stated below

CAUSE OF DEATH (Please print clearly)		
I		I
Foetal or maternal condition directly causing death	(*a*)	
	due to	
Antecedent causes	(*b*)	
Foetal or maternal conditions, if any, giving rise to the above cause, the underlying condition to be stated last.	*due to*	
	(*c*)	
II		II
Other significant conditions	.....	
of foetus or mother contributing to the death, but not related to the disease or condition causing it.	.....	

Not to be entered in register
Estimated duration of pregnancy
..... *weeks*
Weight of foetus (if known)
.....*lbs* .....*ozs*

Please ring appropriate letter:—

Certified cause takes account of post-mortem information	A
Information from post-mortem may be available later	B
Post-mortem not proposed	C

* Strike out whichever does not apply.

Signature..... *Date*.....

Registered Medical Qualifications (or Regd. No. if a certified midwife).....

Address .....

SCHEDULE 7

DECLARATION AS TO STILL-BIRTH

(Where no Certificate from a registered medical practitioner or certified midwife is produced.)

Form prescribed under Section 21(2) *(b) of the Registration of Births, Deaths and Marriages (Scotland) Act* 1965

---

1. Date of Still-birth.....

2. Place of Still-birth.....

3. Name and Surname of Parents of Still-born child, or in the case of an illegitimate still-born child, of the Mother only .....
.....

4. Residence of Parents (or of Mother) of child .....
.....

5. Was a registered medical practitioner present at the birth or did he subsequently examine the body? (Yes or No) .....

   If Yes, give name of medical practitioner .....

6. Was a certified midwife present at the birth, or did she subsequently examine the body? (Yes or No) .....

   If Yes, give name of certified midwife .....

7. If a registered medical practitioner or certified midwife was present at the birth or examined the body, state reasons why his or her certificate cannot be obtained .....
.....
.....
.....

I, the undersigned declare that to the best of my knowledge and belief
(a) the particulars stated above are true; and
(b) the child above-mentioned was not born alive.

Signature.....

State whether "Father", "Mother", of the child, or in what other capacity information is given concerning the Still-birth .....

Address.....

.....

Date.....

bb

SCHEDULE 8

CERTIFICATE OF REGISTRATION OF STILL-BIRTH

(*Section* 21(4) *of the Registration of Births, Deaths and Marriages* (*Scotland*) *Act* 1965.)

This is to certify that the birth of the still-born child which took place on .....19..... was registered by me on .....19.....

Name of Child's Father .....

Name of Child's Mother.....

.....*Registrar*

District of .....

NOTE: This certificate should be transmitted to the person having charge of the place of interment, or the place of cremation, before the interment or cremation takes place.

SCHEDULE 9

NOTICE OF BURIAL OF STILL-BORN CHILD

(*Section* 21(5) *of the Registration of Births, Deaths and Marriages* (*Scotland*) *Act* 1965.)

Names of Child's Parents, and Address .....

To: The Registrar,

District of .....

Please note that a still-born child of the above-named persons was interred on .....,.....(*date*) at ..... without a Certificate of Registration of Still-birth being delivered to me.

.....*Signature*

.....*Designation*

NOTE: In any case where the burial has taken place of a still-born child in respect of which the Keeper or other person in charge of a place of interment has not received a Certificate of Registration of Still-birth, such Keeper or other person must send this notice, within 3 days thereafter, to the Registrar of the District in which the still-birth occurred.

SCHEDULE 10

DISTRICT NO.	YEAR	ENTRY NO.	RECORD LINKAGE

DEATH REGISTERED IN THE DISTRICT OF .....

.....in the.....of.....

(1) Name(s) and Surname			(2) Sex
(3) Occupation			
(4) Marital Status		(5) Date of Birth / /	(6) Age
(7) Name, Surname and Occupation of Spouse(s)			
(8) When and Where Died	19.....		
(9) Usual Residence (if different from Place of Death)			

(10) Name(s), Surname and Occupation of Father	(11) Name(s), Surname(s) and Maiden Surname of Mother

(12) Cause of Death	I (a)
	(b)
	(c)
	II
Name and Qualifications of Medical Practitioner	
(13) Informant's Signature and Qualification	.....

(14) When Registered	19.....	(15) Registrar's Signature	..... *Registrar*
R.C.E.			

SCHEDULE 11

This certificate is intended for the use of the Registrar of Births, Deaths and Marriages, and all persons are warned against accepting or using this certificate for any other purpose

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Registrar to enter
Dist. No. .....
Entry No. .....
Year .....

To the Registrar of the District of.....

I hereby certify that.....*died on*.....19.....

at.....

and that, to the best of my knowledge and belief, the cause of death and duration of disease were as stated below

CAUSE OF DEATH (Please print clearly)		Not to be entered in death register: Approximate interval between onset and death		
		Years	months	days
I	I			
Disease or condition directly leading to death*	(*a*)			
	due to (or as a consequence of)			
Antecedent causes *Morbid conditions, if any, giving rise to the above cause, the underlying condition to be stated last*	(*b*)			
	due to (or as a consequence of)			
	(*c*)			
II	II			
Other significant conditions *contributing to the death, but not related to the disease or condition causing it*	.....			
	.....			

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

Please ring appropriate letter and appropriate figure:—

Certified cause takes account of post-mortem information ..... A
Information from post-mortem may be available later..... B
Post-mortem not proposed C

Seen after death by me 1
Seen after death by another medical practitioner but not by me 2
Not seen after death by a medical practitioner..... 3

If deceased was a married woman, and death occurred during pregnancy, or within six weeks thereafter, write "yes".....

Signature..... *Date*.....

Registered Medical Qualifications .....

Address .....

SCHEDULE 12

From:
The Registrar of Births, etc.,
District of .....
Address .....
.....

To:
.....
.....
.....
.....

REGISTRATION OF DEATH

Section 25(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965 provides that if a death has not been registered within 8 days after its occurrence, the registrar may require the attendance of a qualified informant to give information of the particulars to be registered concerning the death.

You are a qualified informant of the death of.....
who died on.....at.....
and I **hereby require you to attend** at this office before.....
to give the necessary information to the best of your knowledge and belief, and to sign the register.

If the death has already been registered please let me know the date and place of registration.

.....*Registrar*
.....19.....

SCHEDULE 13

From:
The Registrar of Births, etc.,
District of .....
Address .....
.....,

To:
.....
.....
.....
.....

FINAL NOTICE: REGISTRATION OF DEATH

In terms of section 25(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965, a notice was sent to you on.....
requiring you (*a*) to attend at this office to give information of the particulars to be registered concerning the death of.....,
who died on.....at.....,
and (*b*) to sign the register.

The death has still not been registered at this office or been reported to me as having been registered elsewhere, and I **hereby require you to attend** at this office before
.....

If you fail to attend as requested, and the death remains unregistered, it may be my duty to report the matter to the sheriff.

.....*Registrar*
.....19.....

SCHEDULE 14

CERTIFICATE OF REGISTRATION OF DEATH

(*Section* 27(1) *of the Registration of Births, Deaths and Marriages* (*Scotland*) *Act* 1965.)

This is to certify that the death of (*name*).....

..... of (*address*).....

.....

was registered by me on the.....day of

.....19.....

.....(*sgd.*), *Registrar*

District of .....

NOTE: This certificate must be transmitted either directly or by the hand of the undertaker to the person having charge of the place of interment or cremation, previous to the interment or cremation taking place.

SCHEDULE 15

NOTICE OF BURIAL

(*Section* 27(3) *of the Registration of Births, Deaths and Marriages* (*Scotland*) *Act* 1965.)

Name and Address of Deceased Person .....

To: The Registrar,

District of .....

Please note that the body of the above-named person was interred on.....

.....(*date*) at .....

without a Certificate of Registration of Death being delivered to me.

.....*Signature*

.....*Designation*

NOTE: In any case where a burial has taken place of the body of a person in respect of which the Keeper or other person in charge of the place of interment has not received a Certificate of Registration of Death, such Keeper or other person must send this notice, within 3 days of the burial, to the Registrar of the District in which the death occurred.

SCHEDULE 16

ABBREVIATED CERTIFICATE OF BIRTH

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES (SCOTLAND) ACT 1965, S. 40

<table>
<tr><td>Vol.</td><td>Entry No.</td><td>Year 19.....</td><td></td></tr>
<tr><td>(1)
Name and
Surname
of Child</td><td colspan="2"></td><td>(2)
Sex</td></tr>
<tr><td>(3)
Date
of
Birth</td><td colspan="2">19.....</td><td>(4)
Country of Birth
.....</td></tr>
</table>

IT IS HEREBY CERTIFIED that the above particulars are extracted from a register kept in the General Register Office.

Given under the Seal of the General Register Office, New Register House, Edinburgh on the.....day of.....19.....

SCHEDULE 17

DISTRICT NO.	YEAR	ENTRY NO.	RECORD LINKAGE
MARRIAGE IN THE DISTRICT OF ..... in the.....of.....			

(1) When, Where and How Married	19.....			
(2) Name(s) and Surname in Full	BRIDEGROOM		BRIDE	
	(*Signed*)		(*Signed*)	
(3) Occupation				
(4) Marital Status		(5) Age		Age
(6) Usual Residence				
(7) Father's Name(s) Surname and Occupation				
Mother's Name(s) Surname(s) and Maiden Surname				

(8) Officiating Minister or Registrar with Designation and Witnesses with Addresses	(*Signed*)	(9) Date of Registration and Signature of Registrar	19.....
	(*Signed*)		.....
	(*Signed*)		*Registrar*
R.C.E.			

SCHEDULE 18

SCHEDULE OF MARRIAGE

(1) When, Where and How Married	19.....			
	at			
	After		*According to the Forms of*	
	the			
(2) Name(s) and Surname in Full	BRIDEGROOM		BRIDE	
	(*Signature*)		(*Signature*)	
(3) Occupation				
(4) Marital Status		(5) Age		Age
(6) Usual Residence				
(7) Father's Name(s) Surname and Occupation				
Mother's Name(s) Surname(s) and Maiden Surname				
(8) Officiating Minister with Designation and Witnesses with Addresses	*		(9) Date of Registration and Signature of Registrar	19.....
	† *Witness*			
	† *Witness*			..... *REGISTRAR*

* Signature and Designation of Minister. † Signatures and Addresses of *two* Witnesses.

SCHEDULE 19

From:

The Registrar of Births, etc.,
District of .....
Address .....
.....

To:

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

REGISTRATION OF MARRIAGE

The Schedule of Marriage which was issued to you on.....
for a marriage to take place on.....at.....
has not yet been received in this office.

To enable the particulars contained in the Schedule to be entered in the Register of Marriages, **you are required** to deliver the Schedule to me, or send it to me by post before .....

This notice is served on you in terms of section 31(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

.....*Registrar*
.....19.....

SCHEDULE 20

From:

The Registrar of Births, etc.,
District of .....
Address .....
.....

To:

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

FINAL NOTICE: REGISTRATION OF MARRIAGE

In terms of section 31(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965, a notice was sent to you on.....
requiring you to return to this office the Schedule of Marriage issued to you on .....

As the Schedule has still not been received, **I hereby require you to attend** personally at this office before.....
for the purpose of delivering the Schedule to enable me to register the marriage. If you fail to attend as requested, it may be my duty to report the matter to the sheriff.

.....*Registrar*
.....19.....

SCHEDULE 21

CERTIFICATE OF BAPTISM

(*Section* 43(3)(*a*) *of the Registration of Births, Deaths and Marriages* (*Scotland*) *Act* 1965.)

Christian Name (or names) in which child registered at birth.....

.....

Name and Surname of Father.....

Name and Maiden Surname of Mother.....

Place of Child's Birth.....

Date of Child's Birth..... Sex.....

I certify that the child to whom this certificate relates was baptised by me on .....(*date*) in the Christian name(s).....

.....

(*Signature*).....

Minister or Priest of.....

.....(*date*)

Full Postal Address of Parents of Child

.....

.....

.....

SCHEDULE 22

CERTIFICATE OF NAME GIVEN IN INFANCY

(*Section* 43(3)(*b*) *of the Registration of Births, Deaths and Marriages* (*Scotland*) *Act* 1965.)

Christian Name or Forename (or names) in which child registered at birth

.....

Christian Name or Forename (or names) by which child now known

.....

Name and Surname of Father.....

Name and Maiden Surname of Mother.....

Place of Child's Birth.....

Date of Child's Birth..... Sex.....

Date on which new name(s) given.....

I/We certify that the child to whom this certificate relates has not been baptised and that the above particulars are true.

.....(*Sgd.*) (Father)

.....(*Sgd.*) (Mother)

Full Postal Address

.....

.....

.....(*date*)

SCHEDULE 23

APPLICATION FOR RECORDING OF CHANGE OF NAME OR SURNAME

(CHILD AGED OVER 2 YEARS AND UNDER 16 YEARS)

(*Note:—In this form any reference to "name" means Christian name(s) or forename(s)*)

The following information concerning the child must be supplied:—

1. Full name and surname as registered at birth.....
2. Date of Birth.....
3. Place of Birth.....
4. Sex .....
5. Father's name and surname .....
6. Mother's name and maiden surname .....
7. Full name and surname as changed .....
8. Length of time present name or surname has been used .....
9. Documentary evidence produced in support of period stated at 8 above .....
10. Date of any previous application for a change of name or surname .....

I/We certify that the above particulars are correct.

(*Signature*) .....

(*Signature*) .....

(*date*).....

Relationship to Child

.....

.....

Full Postal Address.....

.....

SCHEDULE 24

APPLICATION FOR RECORDING OF CHANGE OF NAME OR SURNAME

(PERSON AGED 16 YEARS OR OVER)

(*Note:—In this form any reference to "name" means Christian name(s) or forename(s)*)

The Applicant should supply the following information:—

1. Full name and surname as registered at birth.....
2. Date of Birth.....
3. Place of Birth.....
4. Sex .....
5. Father's name and surname .....
6. Mother's name and maiden surname .....
7. Full name and surname as changed .....
8. Length of time present name or surname has been used .....
9. Documentary evidence produced in support of period stated at 8 above.....
10. Date of any previous application for a change of name or surname.....

I certify that the above particulars are correct.

.....
(*Signature of Applicant*)

.....(*date*)

Full Postal Address

.....

.....

If the Applicant is under 21 years of age, this application must be countersigned by a parent or guardian.

.....

.....(*date*)

Relationship to Applicant

.....

.....

Full Postal Address .....

.....

SCHEDULE 25

NOTICE OF IMPORT OF DECREE OF PATERNITY

[*Registration of Births, Deaths and Marriages (Scotland) Act* 1965, *s.* 18(2)]

To be transmitted by the Clerk of Court to the Registrar General

To the Registrar General:

Take Notice, that the.....of the Sheriffdom of..... at.....upon the.....day of..... 19....., pronounced Decree in an action at the instance of..... against.....relating to the paternity of a ...male Child, named .....born at.....in the..... of .....on the.....day of..... 19....., finding that the said Child was the illegitimate Child of the said..... .....

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

.....

(To be signed by the Clerk of Court.)

SCHEDULE 26

DECLARATION BY MOTHER OF ILLEGITIMATE CHILD

(*Section* 18 *of the Registration of Births, Deaths and Marriages (Scotland) Act* 1965.)

I..... residing at ....do hereby solemnly and sincerely declare that .....whose usual address is..... .....is the father of the .....male child born to me on .....19..... at ..... named .....

Dated this.....day of.....19.....

.....
Signature

Declared before me at.....on the..... day of.....19.....

..... Registrar for the District of.....in the..... of.....

NOTE:— If this declaration, naming the father of the child, is made—

(*a*) at the time of the registration of the child's birth, it must be supported by a statutory declaration, acknowledging paternity, made by the person so named, or

(*b*) subsequent to registration, it must be supported by a statutory declaration, acknowledging paternity, made within twelve months of the date of the child's birth by the person so named.

IMPORTANT

The attention of any person making a declaration as aforesaid, is drawn to the provisions of section 53(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

SCHEDULE 27

Registration District { No. / Name } R.C.E.

REGISTER OF CORRECTIONS ETC.

Register of for the District of in the

of for the year Entry No.

Annotation of the Entry

Annotate the margin/R.C.E. space of the above-noted entry as follows:—" R.C.E.

Issue of extracts, special-purpose certificates, abbreviated certificates and short special-purpose certificates of the entry

(a) Extracts and special-purpose certificates:

(b) Abbreviated certificates and short special-purpose certificates:

General Register Office, Edinburgh, 2. 19 .

This page is to be placed in the binder provided and carefully preserved.

SCHEDULE 28

NOTICE OF IMPORT OF DECREE OF DIVORCE / *NULLITY OF MARRIAGE / DISSOLUTION OF MARRIAGE

(*Registration of Births, Deaths and Marriages (Scotland) Act* 1965, *Section* 48.)

To the Registrar General,
General Register Office,
New Register House,
Edinburgh.

Take Notice, that on the.....day of.....19....., Lord....., Ordinary, pronounced Decree of.....in the Action at the instance of.....
.....
.....
against .....
.....
.....

The Parties were married at.....
.....
on the.....day of.....19.....

(Signed).....
Clerk of Court.
.....19.....

* Delete in so far as inapplicable.

SCHEDULE 29

NOTICE OF IMPORT OF DECREE OF DECLARATOR OF ILLEGITIMACY* / LEGITIMACY

(*Registration of Births, Deaths and Marriages (Scotland) Act* 1965, *Section* 48.)

To the Registrar General,
General Register Office,
New Register House,
Edinburgh.

Take Notice, that the.....upon the.....day of .....19....., pronounced Decree of Declarator in an Action at the instance of .....against.....
relating to the paternity of a ...male child, named.....
born at.....in the.....of.....
in the.....of.....on the.....
day of.....19....., finding that the said child was not* / was the lawful child of the said.....

(Signed).....
Clerk of Court.
.....19.....

* Delete whichever is inapplicable.

EXPLANATORY NOTE

(*This Note is not part of the regulations.*)

These regulations prescribe the registers, certificates, declarations, notices, and other forms which are required to be prescribed under the Registration of Births, Deaths and Marriages (Scotland) Act 1965.