

**LAWS OF TUVALU
2008 REVISED EDITION**

CAP. 17.10.1

**BIRTHS, DEATHS AND MARRIAGES
(PRESCRIPTION OF FORMS AND SEAL)
REGULATIONS**

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT¹

1 Citation

These Regulations may be cited as the Births, Deaths and Marriages (Prescriptions of Forms and Seal) Regulations.

2 Forms

The forms set out in Schedule 1 shall be the forms to be used in the cases to which they refer for the purposes of the Births, Deaths and Marriages Registration Act.

3 Seal

The seal described in Schedule 2 shall be the seal of the General Registry Office and an impression of it made with ink by means of a wooden block shall constitute a sufficient sealing.

SCHEDULE 1

FORM 1 [s. 20 (1) (b)]

DECLARATION AS TO STILL-BIRTH

I, do solemnly and sincerely declare that no medical practitioner or midwife was present at the birth of the child of, nor has a medical practitioner or midwife examined the body, and that a certificate of a medical practitioner or midwife cannot be obtained, but that the child which was born on the day of , 20 , was not born alive.

Dated the day of , 20 .

.....
Informant

ENDNOTE

¹ LN 56/1968

Before me

.....
Magistrate/Island Magistrate

FORM 2 [s. 2.0 (2)]

CERTIFICATE OF REGISTRATION OF STILL-BIRTH

I do hereby certify that I have thisday of, 20, registered the birth of the child of, which child was not born alive as evidenced by—

*(a) the certificate of

(medical practitioner/midwife)

Dated the day of , 20 .

*(b) the declaration made by

(name of declarant)

Dated the day of , 20 .

.....
Registrar for (name of district)

**Delete whichever is not applicable*

FORM 3 [s. 21]

CERTIFICATE OF REGISTRATION OF BIRTH

(District of)

Name of child

Sex

Date of birth

Date registered

Name of mother

Address at birth

Signature of Registrar

COUNTERFOIL

FORM 4 [s. 30 (1)]

Name of Deceased.....

Age.....

MEDICAL CERTIFICATES OF THE CAUSE OF DEATH

Last seen

Died on

I HEREBY CERTIFY that I attendedduring the last illness, that such person's age was stated to be that I last saw h.... on theday of19....., that.....*diedon theday of 19..... atand that, to the best of my knowledge and belief the cause of h.... death was as hereunder written.

At.....

Deceased's Address

Should the medical attendant feel justified in taking upon himself the responsibility of certifying the fact of death, he may here insert the words as I am informed"

CAUSE OF DEATH

Approximate interval between onset and death

CAUSE OF DEATH

I. Disease or condition directly leading to death†
(a)
.....
due to (or as a consequence of)

(a)
due to (or as a consequence of)

Antecedent causes Morbid conditions, if any giving rise to the above cause, stating the under-lying conditions last
(b).....
due to (or as a consequence of)

(b)
due to (or as a consequence
of)

II. Other significant (c).....
conditions
contributing to the
death, but not related
to the disease or
condition causing it.

(c)
Other significant conditions

†This does not mean the mode of dying e.g., heart failure, asthenis,
etc. It means the disease, injury, or complication which caused
death

.....

Signed

Deceased's address Date, the day of
Deceased's place Signature

Date.....

Registered qualification.....

N.B., THIS CERTIFICATE IS INTENDED SOLELY FOR THE
USE OF THE REGISTRAR

FORM 5 [s. 30 (2)]

NOTICE OF THE SIGNING OF THE CERTIFICATE OF CAUSE OF DEATH

To:

(Informant)

This is to notify that I have thisday of, 20, signed the
medical certificate of the cause of death of

(name of deceased)

.....
Medical Practitioner

FORM 6 [s. 34 (a)]

CERTIFIED COPY OF ENTRIES IN BIRTHS REGISTER

NO.	CHILD			Occupation
	Where Born And when If still-born State in this column	Name	Sex	
1.				
2.				

FORM 7 [s.34(a)]

CERTIFIED COPY OF ENTRIES IN THE DEATHS REGISTER

Where born and how long in Tuvalu	Was deceased ever married? If so state when and to whom	Issue in order of births, the names and ages
<p>I,, do hereby certify that the above is a true copy of entries made by me in the</p> <p style="text-align: right;">Registrar</p>		
<p>* Quarterly returns to be furnished to the Registrar – General under section 34(a) of the Births, Deaths, and Marriage</p>		

Sex	Age	Cause of Death	Duration of last illness	Medical Practitioner by whom certified	When he last saw deceased	Name of Father	Occupation of Father	Name of Mother	Name, occupation and place of residence of informants	When buried and where

NO.	Date of Death and where it occurred
1.	
2.	

FORM 8 [s. 34(a)]

CERTIFIED COPY OF THE ENTRIES IN THE MARRIAGES REGISTER

PARTICULARS OF PARTIES				PARTICULARS OF MARRIAGE			
Place of Residence at time of marriage	Condition	Father's name, occupation and place of Birth	Date of Marriage	Place of Marriage	By whom performed	Witness of Marriage	
<p>I,, do hereby certify that the above is a true copy of entries made by me in the Deaths Register at (District) for the period 1st to 30/31st 19.....†</p> <p>Extracted this day of 10</p> <p>* Quarterly returns to be furnished to the Registrar – General under section 34(a) of the Births, Deaths, and Marriage Registration Ordinance in months of January/April/July/October as appropriate.</p> <p>† To be filled in to cover appropriate period of three months, e.g., 1st January to 31st March, 1st</p>							

	Age						
	Occupation						
	Name	Husband	Wife	Husband	Wife		
NO.		1.		2.			

FORM 9 [s. 34 (b)]

CERTIFICATE OF NIL RETURN* OF ENTRIES IN THE †BIRTHS, DEATHS AND MARRIAGES REGISTERS

I, do hereby certify that no †birth/death/marriage was registered by me infor the period 1stto 30/31st, 20
(District)

.....
Registrar

*To be furnished quarterly.

†Delete whichever is inapplicable.

SCHEDULE 2

[s. 40 (5)]

SEAL OF GENERAL REGISTRY OFFICE

TUVALU

GENERAL REGISTRY OFFICE