

**REPUBLIC OF LIBERIA**  
**BUREAU OF VITAL & HEALTH STATISTICS**  
**MINISTRY OF HEALTH & SOCIAL WELFARE**  
**MONROVIA, LIBERIA**

Form No. \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Date: \_\_\_\_\_

**APPLICATION FOR DELAYED REGISTRATION OF BIRTH**

Name of Applicant \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name)  
 Place of Birth \_\_\_\_\_  
 (Facility) (City/Town) (County) (Country)  
 Date of Birth \_\_\_\_\_  
 (Month) (Date) (Year)

**FATHER'S INFO**

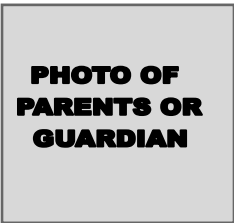
Father's Name \_\_\_\_\_  
 Father's Nationality \_\_\_\_\_ Age when child was born \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 (Town/City) (County) (Country)  
 Occupation \_\_\_\_\_ Date of Naturalization \_\_\_\_\_  
 Father Living? Yes ( ) No ( ) \_\_\_\_\_  
 (If living, please give present address and telephone number)

**MOTHER'S INFO**

Mother's Name \_\_\_\_\_  
 Family Name of Mother's name before Marriage \_\_\_\_\_ (If Married)  
 Mother's Nationality \_\_\_\_\_ Age when child was born \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 (Town/City) (County) (Country)  
 Occupation \_\_\_\_\_ Date of Naturalization \_\_\_\_\_  
 Mother Living? Yes ( ) No ( ) \_\_\_\_\_  
 (If living, please give present address and telephone number)  
 Applicant Signature \_\_\_\_\_ Contact # \_\_\_\_\_

**ATTESTATION**

I, \_\_\_\_\_ in the City of \_\_\_\_\_ County of \_\_\_\_\_  
 Republic of Liberia hereby states, declare and affirm that I am  
 the father, Mother, Brother, Sister, Uncle, Aunt, Cousin, Grandfather, Grandmother of the child born unto  
 \_\_\_\_\_ and \_\_\_\_\_  
 (Mother's Name) (Father's Name)  
 and that every information given is true to the best of my knowledge and I should be held liable for false  
 declaration. Issued this \_\_\_\_\_ in the \_\_\_\_\_



Name \_\_\_\_\_ Address \_\_\_\_\_  
 Relationship \_\_\_\_\_ Contact# \_\_\_\_\_