

REPUBLIC OF LIBERIA
BUREAU OF VITAL & HEALTH STATISTICS
MINISTRY OF HEALTH
MONROVIA, LIBERIA

**APPLICANT
PHOTO**

Form No. _____
Sex: _____
Date: _____

APPLICATION FOR DELAYED REGISTRATION OF BIRTH

Name of Applicant _____
(First Name) (Middle Name) (Last Name)

Place of Birth _____
(Facility) (Town/City) (County) (Country)

Date of Birth _____
(Month) (Date) (Year)

FATHER'S INFO

Father's Name _____

Father's Nationality _____ Age when child was born _____

Father's place of Birth _____
(Town/City) (County) (Country)

County of Origin _____

Father's 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 before Marriage _____

Mother's Nationality _____ Age when child was born _____

Mother's place of Birth _____
(Town/City) (County) (Country)

County of Origin _____

Mother's 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 _____ County of

_____ Republic of Liberia hereby states, declare and affirm that I am the
Father, Mother, Brother, Sister, Uncle, Aunt, Cousin, Grand Father, Grand Mother of the child born unto
_____ and _____

(Mother Name)

(Father 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 date _____ in the _____

City/Town

**PHOTO OF
PARENT OR
GUARDIAN**

Name _____ Address _____

Relationship _____ Contact # _____