

Seychelles

Civil Status Act

## Civil Status (Notification of Birth and Death Forms) Regulations, 2022 Statutory Instrument 57 of 2022

Legislation as at 5 May 2022

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Civil Status (Notification of Birth and Death Forms) Regulations, 2022  
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# Seychelles

## Civil Status Act

# Civil Status (Notification of Birth and Death Forms) Regulations, 2022

## Statutory Instrument 57 of 2022

Assented to on 20 April 2022

Commenced on 5 May 2022

*[This is the version of this document from 5 May 2022.]*

In exercise of the powers conferred by sections 33(3) and 81(3) of the Civil Status Act, as amended, the Minister responsible for health makes the following regulations—

### 1. Citation

These regulations may be cited as the Civil Status (Notification of Birth and Death Forms) Regulations, 2022.

### 2. Notification of Birth Form

The form set out in Schedule 1 shall be the Notification of Birth Form for the purposes of the Act.

### 3. Notification of Death Form

The form set out in Schedule 2 shall be the Notification of Death Form for the purposes of the Act.

### 4. Variation of forms

The Principal Secretary responsible for health may modify, alter or add such words or phrases to the certificate contained in Schedule 1 and any such variation shall not affect the validity or regularity of the form.

## Schedule 1 (Regulation 2)

### Notification of birth

#### Notification of birth

*(Please note that all sections of this form must be completed wherever possible)*

Facility Name: \_\_\_\_\_ Birth Record#: \_\_\_\_\_

#### *Particulars of birth*

Date of Birth: DD MM YYYY Sex: [ ] Male [ ] Female Time of birth:

First Name of Child (if any): \_\_\_\_\_

Middle Name(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Surname of Child \_\_\_\_\_

Type of Birth: Live  Still Birth  No of infant(s): Single Birth  Multiple birth

### ***Particulars of mother***

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Surname(s): \_\_\_\_\_

NIN/Passport Number \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Date of Birth: DD MM YYYY

Occupation/ Profession: \_\_\_\_\_

Civil Status of Mother:

Single  Married  Divorced  Widowed  Number of previous births for the Mother:

I \_\_\_\_\_ (Print name), hereby certify that the above information which I have given to the Officer of the Civil Status is true and correct to the best of my knowledge, information and belief.

Signed: \_\_\_\_\_ Date: DD/MM/YYYY

Witness by: \_\_\_\_\_

\_\_\_\_\_

Full Name of Witness

\_\_\_\_\_

Signature

\_\_\_\_\_

DD/MM/YYYY

## **Schedule 2 (Regulation 3)**

### **Notification of death**

### **Notification of death**

*(Please note that all sections of this form must be completed wherever possible)*

Medical Facility: \_\_\_\_\_ Death Record#: \_\_\_\_\_ Entry date: DD-MM-YYYY

### ***Particulars of death***

First Name: \_\_\_\_\_

Middle Name(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Surname \_\_\_\_\_ NIN \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Alias: \_\_\_\_\_ Sex: Male  Female

Date of Death: DD MM YYYY Date of Birth: DD MM YYYY

Place of Death: \_\_\_\_\_ Island: \_\_\_\_\_

Civil Status: Single  Married  Divorced  Widowed

Last Known Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Country of Birth: \_\_\_\_\_

I \_\_\_\_\_ (Print name), hereby certify that the above information which I have given to the Officer of the Civil Status is true and correct to the best of my knowledge, information and belief.

MADE this 20<sup>th</sup> day of April, 2022.

Peggy Vidot

Minister for Health