

**APPLICATION FOR ENGLISH TRANSLATION OF  
BIRTH CERTIFICATES  
(TO BE FILLED IN BLOCK CAPITALS ONLY)**

1. Name of Applicant & Postal Address: .....

.....

Tel. No.: .....

2. (i) District & Division : ..... Division : .....

3. Number of copies required:   (Only one translated copy will be issued per original certificate. If an additional copy is required 02 originals of the relevant certificate should be submitted with the payment of £.12/50 each.)

1. Date and Place of Birth						
2. Name						
3. Sex						
4. Father's	<table border="1"> <tr><td>Full name</td></tr> <tr><td>Date of Birth</td></tr> <tr><td>Place of Birth</td></tr> <tr><td>Race</td></tr> <tr><td>Rank or Profession</td></tr> </table>	Full name	Date of Birth	Place of Birth	Race	Rank or Profession
Full name						
Date of Birth						
Place of Birth						
Race						
Rank or Profession						
5. Mother's	<table border="1"> <tr><td>Full name</td></tr> <tr><td>Date of Birth</td></tr> <tr><td>Place of Birth</td></tr> <tr><td>Race</td></tr> <tr><td>Age</td></tr> </table>	Full name	Date of Birth	Place of Birth	Race	Age
Full name						
Date of Birth						
Place of Birth						
Race						
Age						
6. Were parent's married						
7. If grandfather born in Sri Lanka	<table border="1"> <tr><td>(His full name)</td></tr> <tr><td>(His year of Birth)</td></tr> <tr><td>(His place of Birth)</td></tr> </table>	(His full name)	(His year of Birth)	(His place of Birth)		
(His full name)						
(His year of Birth)						
(His place of Birth)						
8. If father was not born in Ceylon (year of birth) and if great grand father born in Ceylon great grand father's	<table border="1"> <tr><td>(full name)</td></tr> <tr><td>(year of birth)</td></tr> <tr><td>(place of birth)</td></tr> </table>	(full name)	(year of birth)	(place of birth)		
(full name)						
(year of birth)						
(place of birth)						
9. Informant's full name, residence and in what capacity he gives information						
10. Informant's signature						
11. Date of Registration						

12 Registrar's Signature	
13 Name inserted or substituted after registration	
14 Name of person whose information particulars relating to item 13, were supplied and in what capacity he gave information	
15 Date of insertion, or substitution and District Registrar's or Registrar General's signature	

4. I attach herewith the Original Copy of the Entry of which a translation is required.

Date:

.....  
Signature of Applicant