URSB
UGANDA REGISTRATION SERVICES BUREAU

BIRTH CERTIFICATE

THE BIRTHS AND DEATHS REGISTRATION ACT

Birth in the Subcounty/City/Municipality/Township/Hospital of *County of* *in the District of*
in the Republic of Uganda

No.	Date and time of birth	Place of birth	Full name	Sex	Full name, residence and occupation of father	Full name and maiden name, residence and occupation of mother	Nationality of parents	Full name, occupation and residence of declarant and in what capacity he or she gives information	When registered	Signature of registrar	Name if added after registration of birth

I, the Registrar General of births and deaths for Uganda, certify that this is a true copy of the return/register of births for the birth and death registration district of the Subcounty/City/Municipality/Township/Hospital of *County of* *in District of*
relating to the birth of
WITNESS my hand at Kampala on

Registrar General of Births and Deaths

Fee:

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UGANDA REGISTRATION SERVICES BUREAU

DEATH CERTIFICATE

THE BIRTHS AND DEATHS REGISTRATION ACT

Death in Subcounty/City/Municipality/Township/Hospital of *County of* *in the District of*
in the Republic of Uganda.

No.	Date and time of death	Place of death	Full name	Age	Sex	Residence and occupation	Nationality	Cause of death	Whether cause of death medically certified Yes/No	Full Name, occupation and residence of declarant and in what capacity he or she gives information	When registered	Signature of the registrar

I, the Registrar General of Births and Deaths for Uganda, certify that this is a true copy of the return/register of deaths for the birth and death registration district of the Subcounty/City/Municipality/Township/Hospital of *County of* *District of*
relating to the death of
WITNESS my hand at Kampala on

Registrar General of Births and Deaths

Fee:

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