

CRA 12(L)

**Declaration for Late Registration of Birth
(more than 12 months after the birth)
Section 19(5) of Civil Registration Act, 2004**

Data Policy

The Civil Registration Service administers Ireland's system of civil registration. A person is required by law to provide personal data to register a life event (birth, stillbirth, death or marriage) and personal data may be exchanged with other public bodies and public authorities where provided by law. A person is required to provide personal data when applying for certificates of vital events and for searches of indexes to the civil registers. The data policy of the Civil Registration Service is available at www.groireland.ie or in hard copy on request.

Details of person whose birth is to be registered:

Forename(s) and Surname: _____

Details of person/s making this declaration:

Forename(s) and Surname: _____

Address: _____

Relationship to person whose birth is to be registered: _____

In relation to the late registration of the birth of the person whose birth is to be registered :-

I, _____

Do solemnly and sincerely declare that to the best of my knowledge the said person was born on the day _____ month _____ year _____

Sex of person: _____

Place of Birth : (Full address required) _____

Time of Birth: _____ Personal Public Service Number: _____

Details of the Mother at time of the birth of: _____

Forename and surname: _____

Birth surname: _____

Any former surnames: _____

Occupation: _____

Address: _____

Civil Status of Mother at the time of the birth: Married Single Separated

Widowed Divorced Civil Partner Civil Partnership dissolved

Surviving Civil Partner (*Please tick the appropriate box*)

Date of Birth: _____ Date of Marriage: _____

Date of Death: _____ Personal Public Service Number: _____

Birth surname of Mother's Mother: _____

Details of the Father at time of the birth of; _____

Forename and surname: _____

Birth surname: _____

Any former surnames: _____

Occupation: _____

Address: _____

Civil Status of Father at the time of the birth: Married Single Separated

Widowed Divorced Civil Partner Civil Partnership dissolved

Surviving Civil Partner (*Please tick the appropriate box*)

Date of Birth: _____ Date of Marriage: _____

Date of Death: _____ Personal Public Service Number: _____

Birth surname of Father's Mother: _____

Signature of Person making this Declaration: _____

Telephone Number for Person making Declaration: _____

I declare that details given overleaf are correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

**Signature of Person making this Declaration : _____
(to be signed in the presence of the witness to the declaration)**

Declared before me (Name in Capitals)..... a *Notary Public/Commissioner
for Oaths/ Peace Commissioner/Person authorised by (insert authorising statutory provision)
.....to take and receive Statutory Declarations

by (name of person making declaration)
*Delete as applicable

1. Who is personally known to me

or

2. Who is identified to me by

.....

who is personally known to me

or

3. Whose identity has been established to me before the taking of this declaration by the production to me of:

a) Passport:

Passport Number:

Issued on:

By the authorities of (*Issuing State*):, which is an authority recognised by the Irish Government.

or

b) National Identity Card:

Identity Card No:

Issued on:

By the authorities of (*Issuing State*):, which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement.

or

c) Aliens Passport:

Passport No:

Issued on:

By the authorities of (*Issuing State*):, which is an authority recognised by the Irish Government.

or

d) Refugee Travel Document issued by the Minister for Justice, Equality & Law Reform:

Document No:

Date of Issue:

or

e) Travel Document (other than Refugee Travel Document) issued by the Minister for Justice, Equality & Law Reform:

Document No:

Date of Issue:

at (place of signature), this day of(date)

.....
(Signature of Witness) (Contact details/Seal or Stamp, if held)

DELETE 1, 2, 3 (a), 3 (b), 3 (c), 3 (d) or 3 (e) AS NECESSARY