1. These Regulations may be cited as the Registration of Births, Deaths, and Marriages Regulations. (1)

2.—(1.) In these Regulations, unless the contrary intention appears—

"Ordinance" means the Registration of Births, Deaths, and Marriages Ordinance 1935. (2)

(2.) Any reference in these Regulations to a form shall be read as a reference to a form in the First Schedule to these Regulations.

3. The fees to be charged under the Ordinance shall be as set out in the Second Schedule to these Regulations.

4. A certification under sub-section (1.) or sub-section (2.) of section 14 of the Ordinance shall be in accordance with Form 1.

5. The particulars for registration to be furnished under sections 24, 25, and 30 of the Ordinance shall be in accordance with Form 2.

6.—(1.) The particulars of a birth to be furnished under section 26 of the Ordinance shall be in accordance with Form 3.

(2.) The statutory declaration verifying such particulars may be made before a person authorized by section 26 of the Ordinance to receive such particulars.

7. The statutory declaration under section 30 of the Ordinance shall be in accordance with Form 4.

(1) The Registration of Births, Deaths, and Marriages Regulations (made under the Registration of Births, Deaths, and Marriages Ordinance 1935-1941) comprise the original Registration of Births, Deaths, and Marriages Regulations, as amended by the other Regulation referred to in the following Table:

<table>
<thead>
<tr>
<th>REGULATIONS MADE BY THE ADMINISTRATOR IN COUNCIL.</th>
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</thead>
<tbody>
<tr>
<td>Description and number and year.</td>
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<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Registration of Births, Deaths, and Marriages Regulations (1935, No. 16)</td>
</tr>
<tr>
<td>Amending Regulation (1936, No. 2)</td>
</tr>
</tbody>
</table>

(2) Now the Registration of Births, Deaths, and Marriages Ordinance 1935-1941.
Registration of Births, Deaths, and Marriages Regulations.

8. Except as otherwise provided, the particulars to be furnished of a death occurring in the Territory shall be in accordance with Form 5.

9.-(1.) The particulars of a death to be furnished under section 42 of the Ordinance shall be in accordance with Form 6.
   (2.) The statutory declaration verifying such particulars may be made before a person authorized by section 42 of the Ordinance to receive such particulars.

10. The medical certificate of death under section 38 of the Ordinance shall be in accordance with Form 7.

11. The notification of a coroner's finding under section 40 of the Ordinance shall be in accordance with Form 8.

12. The certificate of registration of a death under section 41 of the Ordinance shall be in accordance with Form 9.

13. The District Registrar to whom particulars in regard to any birth, death, or marriage are furnished under the Ordinance shall record those particulars in the manner prescribed.

14.—(1.) Where, under section 21 of the Ordinance, the Registrar-General directs the registration of any birth, death, or marriage to be cancelled, the registration shall be cancelled by making an entry, in accordance with Form 10, in the margin of the register opposite the registration.
   (2.) Where, under the direction of the Registrar-General, a District Registrar has cancelled a registration, he shall notify the Registrar-General and forward him a copy of the entry cancelling the registration, and the Registrar-General shall thereupon insert a copy of the entry in the margin of his duplicate of the registration and note in the appropriate index that the registration has been cancelled.

THE FIRST SCHEDULE.

Reg. 4.

I, [full name of Registrar-General or District Registrar, as the case may be] the Registrar-General of [or the District Registrar for the Registry District in] the Territory of New Guinea, do hereby certify that the above is a true copy [or extract] of the entry of the birth [or death or marriage] of [and] in the Register of kept in this office [or as the case may be].

Given under my hand and seal of office at this day of , 19 .

Registrar-General or District Registrar.
Reg. 5. 

Territory of New Guinea. 

Registration of Births, Deaths, and Marriages Ordinance 1935. 

INFORMATION OF BIRTH. 

REGISTRY DISTRICT OF . 

When born: The day of , 19 . 

Where born: Christian names in full: 

Sex: 

Christian names in full: 

Surname: 

Occupation: 

Age last birthday: years. 

Birthplace: 

Nationality: 

FATHER OF CHILD . 

Marriage to mother of child mentioned herein: Date: The day of Place: , 19 . 

Names, sexes, and ages of previous issue of present marriage living: 

Previous issue of present marriage deceased: Number of males: Number of females: 

Mother of Child . 

If previously widowed, state last surname: 

Maiden surname: 

Age last birthday: years. 

Birthplace: 

Previous marriage, if any. 

Date and place of any previous marriage of either parent: Date: The day of Place: , 19 . 

Issue thereof: 

Name of doctor (if any) in attendance at birth: 

Name of nurse or other persons present at birth: 

I certify, that the above statement of particulars is correct for the purpose of being inserted in the Register of Births. 

Dated this day of , 19 . 

Informant's signature in full: 

Informant's relationship to child: 

Occupation of informant: 

Residence of informant: 

Witness to signature: 

To the District Registrar at 

Reg. 6. 

Territory of New Guinea. 

Registration of Births, Deaths, and Marriages Ordinance 1935. 

PARTICULARS OF BIRTH ON VESSEL. 

Name of ship: Nationality: 

Port of registration: Registration No.: 

Sailed from the Port of on the day of , 19 , and arrived at the Territory of New Guinea on the day of , 19 . 

4340
Registration of Births, Deaths, and Marriages Regulations.

LOG ENTRY

By whom entered:
Date entered:
Place: (Port or latitude and longitude)
Name of master:

CHILD

When born: The day of , 19 .
Where born: (Port or latitude and longitude)
Christian names in full:
Sex:

FATHER OF CHILD

Marriage to mother of child mentioned herein

Names, sexes, and ages of present marriage living:
Previous issue of present marriage deceased:

MOTHER OF CHILD

If previously widowed, state last surname:
Maiden surname:
Age last birthday: years.

PREVIOUS MARRIAGE, IF ANY

Date and place of any previous marriage of either parent:
Issue thereof:
Name of doctor (if any) in attendance at birth:
Name of nurse or other persons present at birth:

INFORMANT

Name:
Relationship to child:
Occupation:
Former residence:

Statutory Declaration.

I [full name, stating whether master or person in charge] of the ship , do solemnly and sincerely declare that the above are true particulars of the birth of entered in the records of the said ship.

And I make this solemn declaration pursuant to section 26 of the Registration of Births, Deaths, and Marriages Ordinance 1935 conscientiously believing the statements contained therein to be true in every particular.

Declared at this day of , 19 .

Before me,

[State designation of qualified witness.]

To the District Registrar at
REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES—

Reg. 7. FORM 4.

TERRITORY OF NEW GUINEA.

Registration of Births, Deaths, and Marriages Ordinance 1935.

STATUTORY DECLARATION.

I, [full name of informant] of in the Territory of New Guinea, [occupation], do solemnly and sincerely declare that the above particulars [or the particulars annexed hereto and marked with the letter “A”, or the particulars indorsed on the back hereof] of the birth of the child, [full name of child], born at on the day of , 19 , are to the best of my knowledge and belief true and correct in every detail.

And I make this solemn declaration pursuant to section 30 of the Registration of Births, Deaths, and Marriages Ordinance 1935 conscientiously believing the statements contained therein to be true in every particular.

Declared at of , 19 .

Before me,

(a) Here insert title of person before whom declaration is made.

Reg. 8. FORM 5.

TERRITORY OF NEW GUINEA.

Registration of Births, Deaths, and Marriages Ordinance 1935.

INFORMATION OF DEATH.

REGISTRY DISTRICT OF

Deceased . . .

Christian names in full:
Surname:
Sex:
Occupation:
Age: years months days.
Birthplace:
Nationality:
How long deceased was in the Territory:

Parents . . .

Christian names of father in full:
Surname of father:
Occupation of father:
Christian names of mother in full:
Maiden surname of mother:

Date of death: The day of , 19 .
Where died: (Street or locality)
Cause of death:
Duration of last illness:
Medical attendant by whom death certified:
When he last saw deceased:

When and where buried:
Name and religion of clergyman (if any) who officiated at burial:
Names of two other witnesses of burial:
Name of undertaker:

4342
Registration of Births, Deaths, and Marriages Regulations.

1st marriage

Place of marriage:
Age when married:
To whom married { Christian names: 
Surname: 
Names, sexes, and ages of issue of marriage living
Issue of marriage
Number of males:
Number of females:

2nd marriage

Place of marriage:
Age when married:
To whom married { Christian names: 
Surname: 
Names, sexes, and ages of issue of marriage living
Issue of marriage
Number of males:
Number of females:

I certify that the above statement of particulars is correct for the purpose of being inserted in the Register of Deaths.

Dated this day of , 19

Informant’s signature in full:
Informant’s relationship (if any) to deceased:
Occupation of informant:
Residence of informant:
Witness to signature:

To the District Registrar at

Reg. 9.

TERRITORY OF NEW GUINEA.

Registration of Births, Deaths, and Marriages Ordinance 1935.

PARTICULARS OF DEATH ON VESSEL.

Name of ship: 
Nationality: 
Port of registration: 
Registration No. 
Sailed from the port of on the day of , 19 and arrived at in the Territory of New Guinea on the day of , 19.

By whom entered:
Date entered:
Place: (Port or latitude or longitude)
Name of Master:

Christian names in full:
Surname: 
Sex: 

Occupation: 
Age: years months days.
Birthplace: 
Nationality: 

4343
REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES—

PARENTS

Christian names of father in full: 
Surname of father: 
Occupation of father: 
Christian names of mother in full: 
Maiden surname of mother: 

Date of death (or disappearance): The day of ____, 19. 
Where died: (Port or latitude or longitude) 
Cause of death: 

DEATH

Duration of last illness: 
Medical attendant by whom death certified: 
When he last saw deceased [if death is concluded from the disappearance of the person at sea, set out the circumstances]: 

When and where buried: 
Name and religion of clergyman (if any) who officiated at burial: 
Names of two other witnesses of burial: 

BURIAL

Place of marriage: 
Age when married: 
To whom married {Christian names: } 
Surname: 

1st marriage 
Names, sexes, and ages of issue of marriage living 
Issue of marriage{Number of males: } 
deceased {Number of females: } 

MARRIAGES OF DECEASED, IF ANY

Place of marriage: 
Age when married: 
To whom married {Christian names: } 
Surname: 

2nd marriage 
Names, sexes, and ages of issue of marriage living 
Issue of marriage{Number of males: } 
deceased {Number of females: } 

INFORMANT

Name: 
Relationship (if any) to deceased: 
Occupation: 
Former residence: 

STATUTORY DECLARATION.

I, [full name, stating whether master or person in charge] of the ship , do solemnly and sincerely declare that the above are true particulars of the death of entered in the records of the said ship. 

And I make this solemn declaration pursuant to section 42 of the Registration of Births, Deaths, and Marriages Ordinance 1935 conscientiously believing the statements contained therein to be true in every particular. 

Declared at this day ___ of ____, 19. 
Before me, 

[State designation of qualified witness.] 

To the District Registrar at 

4344
Registration of Births, Deaths, and Marriages Regulations.

Reg. 10.

TERRITORY OF NEW GUINEA.

Registration of Births, Deaths, and Marriages Ordinance 1935.

MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended—

Christian names:
Surname:
Sex:
Occupation:
Age:
Religion:
Nationality:
Place of residence:
during his/her last illness; that I last saw him/her alive on the day of , 19 ; that he/she died at on the day of , 19 , after an illness lasting weeks; and that, to the best of my knowledge and belief, the cause of death [as indicated by post-mortem examination] was—

(1)
(2)
(3)

Dated this day of , 19 .

Signature:
Full name:
Address:

Reg. 11.

TERRITORY OF NEW GUINEA.

Registration of Births, Deaths, and Marriages Ordinance 1935.

NOTIFICATION OF RESULT OF INQUEST.

To the District Registrar at

Christian names in full:
Surname:
Sex:
Occupation:
Age:
Birthplace:
Usual place of residence:
Place of inquisition:
Date of inquisition:
Date of death:
Date deceased found dead:
Finding:

Dated at this day of , 19 .

Coroner.

4345
REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES—

Reg. 12. TERRITORY OF NEW GUINEA.

Registration of Births, Deaths, and Marriages Ordinance 1935.

CERTIFICATE OF REGISTRATION OF DEATH FOR UNDERTAKER.

I, the District Registrar for the Registry District of , do hereby certify that the death of on the day of , 19 , has been duly registered.

Dated at this day of , 19 .

District Registrar.


Whereas under section 21 of the Registration of Births, Deaths, and Marriages Ordinance 1935 the Registrar-General has directed the registration of the to be cancelled, this entry is hereby cancelled.

Dated at this day of , 19 .

District Registrar.

THE SECOND SCHEDULE.

FEES.

s. d.
For every search in any index or register . . . . . . 2 0
For every certified copy or translation under section 15 of the Ordinance 5 0
For every other certified copy or extract of an entry . . . 2 0
For late fee for registration of a birth under section 30 of the Ordinance 2 0
For late fee for registration of a birth under section 35 of the Ordinance 5 0

4346