

PERSONS QUALIFIED TO BE INFORMANTS FOR THE REGISTRATION OF THE DEATH

1. The nearest relative of the deceased present at the death, or in attendance during the last illness.
2. Any other relative having the necessary information required to be registered concerning the death.
3. A person present at the death.
4. The occupier or any other resident of the house in which the death occurred.
5. The person responsible for the disposing of the body.

In addition to the cause of death as certified overleaf the informant must be prepared to state to the Registrar:-

- (1) The date and place of death.
- (2) The full names and surname of deceased.
- (3) The marital condition of deceased (single, married, or widowed).
- (4) The correct age of deceased.
- (5) The rank, profession, or occupation of deceased. (If deceased was a child or young unmarried person without occupation, the full names and rank or profession of the father will be required; if a wife or widow, those of the husband or deceased husband.)

NOTIFICATION OF BIRTH – To: The Registrar of Births

1]

TYPE OF BIRTH
(Live=1, Still=2)

2 []

PLACE OF BIRTH (Hospital=1, BBA=2, Domiciliary=3)

3 []

NAME AND _____

ADDRESS OF _____

HOSPITAL NO. 4 [] [] [] []

CASE NO. 7 [] [] [] [] [] [] [] [] [] []

HOSPITAL _____ 15 []

INFANT
DATE OF BIRTH 16 [] [] [] [] [] [] [] [] [] []
D D M M Y Y Y Y

IF MULTIPLE BIRTH
ORDER OF BIRTH No. [] 24 of [] 25
TIME OF BIRTH

FORENAME(S) _____

SURNAME _____ 26 []

SEX (Male=1, Female=2, indeterminate=3) 27 []

BIRTHWEIGHT 28 [] [] [] [] [] [] GRAMMES

PERIOD OF GESTATION 32 [] [] [] [] WEEKS

FATHER

FORENAME(S), SURNAME _____

FORMER SURNAME(S) _____

ADDRESS _____

COUNTY _____ 34 [] [] [] []

OCCUPATION _____ 37 [] [] [] []

DATE OF BIRTH 39 [] [] [] [] [] [] [] [] [] []
D D M M Y Y Y Y

MOTHER

FORENAME(S), SURNAME _____

FORMER SURNAME(S) _____

ADDRESS _____

COUNTY _____ 47 [] [] [] [] 50 []

OCCUPATION _____ 51 [] [] [] []

DATE OF BIRTH 53 [] [] [] [] [] [] [] [] [] []
D D M M Y Y Y Y

MARITAL STATUS (Married=1, Single=2, Widowed=3, Separated=4, Divorced=5) 61 []

DATE OF PRESENT MARRIAGE 62 [] [] [] [] [] [] [] [] [] []
D D M M Y Y Y Y

DATE OF LAST BIRTH (live or still) 70 [] [] [] [] [] [] [] [] [] []
D D M M Y Y Y Y

NO. OF PREVIOUS: LIVE BIRTHS 78 [] [] [] []

CHILDREN STILL LIVING 80 [] [] [] []

STILLBIRTHS 82 [] [] [] []

SPONTANEOUS ABORTIONS 84 [] [] [] []

PERINATAL DEATH

TYPE OF DEATH (Early Neonatal=1, Stillbirth=2) 86 []

WAS AUTOPSY PERFORMED (Yes=1, No=2) 87 []

AGE OF DEATH 88 [] [] DAYS 89 [] [] HOURS

PLACE OF DEATH _____ 91 [] [] [] []

STILLBIRTH, DID DEATH OCCUR BEFORE LABOUR (1)

DURING LABOUR (2) 94 []

CAUSE OF DEATH

MAIN DISEASE OR CONDITION IN FETUS OR INFANT _____

_____ 95 [] [] [] []

OTHER DISEASES OR CONDITIONS IN FETUS OR INFANT _____

_____ 99 [] [] [] []

SIGNATURE _____

CONFIDENTIAL: This form is required for registration and statistical purposes and will be treated as strictly confidential. It should be filled in by the person requiring the birth or stillbirth to be registered and handed to the Registrar in accordance with the Vital Statistics Regulations, 1954 and the Vital Statistics (Births) Regulations, 1997 or the Vital Statistics (Stillbirths) Regulations, 1994.

THIS SECTION TO BE COMPLETED BY THE REGISTRAR OF BIRTHS ONLY

DATE OF REGISTRATION _____ 103 [] [] [] [] [] [] [] [] [] []
D D M M Y Y Y Y

ENTRY NO. IN REGISTER _____ 111 [] [] [] [] 114 []
(for live births only)

REGISTRAR'S STAMP

SIGNATURE OF REGISTRAR OF BIRTHS _____

The Registrar should forward this form to the Central Statistics Office as soon as possible after the registration of the event in the Register of Births or the Register of Stillbirths as appropriate.

In the case of stillbirths, the Registrar should attach the Medical Certificate Relating to the Birth of a Stillborn Child to this form.

SIGNATURE _____ DATE _____

BIRTHS AND DEATHS REGISTRATION ACTS, (IRELAND), 1863-1994

CORONER'S CERTIFICATE IN RESPECT OF A STILLBIRTH

To be given only in respect of a child born weighing 500 grammes or more or having a gestational age of 24 weeks or more who shows no sign of life.

TO BE SENT TO THE REGISTRAR WITHIN ONE MONTH AFTER CORONER'S FINDING.

To the Registrar of Births and Deaths for the District of in the Superintendent Registrars District of in the County of, Ireland.

I hereby certify that in pursuance of the Coroner's Act, 1962, and Section 6(8) of the Stillbirths Registration Act, 1994, I on the day of 19.....

(a) held an inquest.

(Strike out whichever are inapplicable)

(b) Adjourned an inquest at which evidence of identification and medical evidence as to the cause of Stillbirth were given.

(c) decided, as a result of a post-mortem examination held on not to hold an inquest on the body of a male/female child named

and I found as follows:—

(Delete whichever is inapplicable)

(a) that the body was that of a stillborn child.

(b) that there was not sufficient evidence to show that the child was born alive.

I hereby certify that to the best of my knowledge and belief the cause of stillbirth and the estimated duration of pregnancy of the mother were as stated below.

CAUSE OF STILLBIRTH		Gestational Age
I	I	
DIRECT CAUSE State foetal or maternal condition directly causing stillbirth.	(a)	(weeks)
ANTECEDENT CAUSES State foetal and/or maternal conditions, if any, giving rise to the above cause, stating the underlying cause last.	due to (b) due to (c)	
II OTHER SIGNIFICANT CONDITIONS of foetus or mother which may have contributed to but, in so far as is known, were not related to direct cause of stillbirth.	II	Weight of Child (grammes)

The particulars required to be registered concerning the stillbirth as defined by Section 1 of the Stillbirths Registration Act 1994 are as follows:

- | | |
|--|--|
| 1. Date of Stillbirth: | 2. Place of Stillbirth |
| 3. Mother:— Name(s) Surname and any former Surname(s) of mother
.....
Address:
.....
Occupation: | 4. Father:— Name(s) Surname and any former Surname(s) of father
.....
Address:
.....
Occupation: |

Witness my hand, this day of 19.....

Signature Coroner for Residence

IMMEDIATELY UPON RECEIVING THIS CERTIFICATE, THE REGISTRAR MUST REGISTER THE STILLBIRTH.

Registrar's Stamp

Note:—The Registrar must forward this form with the Stillbirth Register entry to which it refers to the Superintendent Registrar who will transmit it to An tArd-Chláráitheoir with the monthly return of stillbirth events.

BIRTHS & DEATHS REGISTRATION ACTS (IRELAND), 1863-1994

Registration of Stillbirths

MEDICAL CERTIFICATE

Relating to the Birth of a Stillborn Child
under the Stillbirths Registration Act, 1994

THESE FORMS MUST BE KEPT IN SAFE CUSTODY

These books of stillbirth certificate forms are supplied for the use of registered medical practitioners. They may be obtained gratis from the Registrar of Births and Deaths for the district in which the practitioner resides. The certificate is to be given to a qualified informant of the stillbirth, and no fee is payable.

DEFINITION OF STILLBIRTH

Section (1) of the Stillbirths Registration Act, 1994

defines stillbirth as follows:—

“ . . . a child born weighing 500 grammes or more or having a gestational age of 24 weeks or more who shows no sign of life.”

(ii)

IMPORTANT

In order to provide information for medical research into the causes of stillbirths, the Stillbirths Registration Act, 1994 provides that every stillbirth shall be registered and that a medical practitioner, who was present at a stillbirth or who has examined the body of a stillborn child, shall give to an informant a certificate stating that the child was not born alive, the estimated duration of pregnancy and the weight of the foetus.

The value of the information to be obtained from these certificates is dependent on the degree of care and accuracy with which medical practitioners complete the forms. It is also essential that there should be uniformity in the manner in which the certificates are completed, and to that end it is desirable that the following notes should be carefully studied.

1. No certificate is required for any foetal death where *the weight of the child is less than 500 grammes or where the period of gestation was less than twenty-four weeks*. Such cases fall outside the legal definition of stillbirth.
2. In a large number of cases only one cause of stillbirth need be stated but where two or more causes must be entered it is important that the arrangement of causes on the certificate should accurately represent the certifier's opinion as to the order of occurrence.
3. In Section I of the certificate should be entered the immediate cause of stillbirth (if known) and any antecedent morbid conditions which directly led up to it.
In Section II should be entered any other morbid condition of mother or foetus which may have a bearing on the occurrence of the stillbirth.
4. When necessary, the certificate may be completed by entering "unknown" in Section I, but the cause should be stated whenever possible to the best of the certifier's knowledge and belief.
5. A list of the main heads in the International Classification of Causes of Stillbirth is given on pages (iii)-(v) together with some examples of how the certificate may be completed.

CAUSE OF STILLBIRTH

In part I of the section headed "Cause of Death" in the Certificate should be stated the cause leading directly to death (line (a)) and also the antecedent causes or conditions (lines (b) and (c)) which give rise to the cause shown in line (a), the underlying cause being stated last. No entry is necessary in lines (b) and (c) if the entry in line (a) describes completely the train of events.

In part II should be entered any other significant conditions which unfavourably influenced the course of the morbid process and thus contributed to the fatal outcome but which were not related to the disease or condition directly causing death. (See examples below.)

EXAMPLES OF THE METHOD OF USING THE FORM OF CERTIFICATE OF STILLBIRTH

	Example 1.	Example 2.	Example 3.	Example 4.	Example 5.	Example 6.
DIRECT CAUSE Foetal or maternal condition directly causing death	Foetal asphyxia	Foetal anoxia.	Hydrocephalus	Macerated foetus (cause not known)	Prolapse of cord	Hydrops foetalis
ANTECEDENT CAUSES Foetal and/or maternal conditions, if any, giving rise to the above cause, stating the underlying cause last	Antepartum haemorrhage	Prolonged labour	—	—	—	Rhesus incompatibility
	Pre-eclamptic toxæmia	Breech presentation	—	—	—	—
OTHER SIGNIFICANT CONDITIONS of foetus or mother which may have contributed to but, in so far as is known, were not related to direct cause of death	—	—	Patent intraventricular septum	Hypertension (arising during pregnancy)	—	—

An tArd-Chláraitheoir acknowledges with thanks the replies kindly supplied by medical practitioners to his requests for further information relating to causes of death, in order that they might be more accurately classified in the report on vital statistics. This further information has been and will be treated as strictly confidential, being utilised for statistical purposes only.

In view of the importance for many public purposes of the information contained in these certificates, An tArd-Chláraitheoir hopes that he may rely on the continued co-operation of the medical profession in these matters.

INTERNATIONAL CLASSIFICATION OF CAUSES OF STILLBIRTH

MAIN DESCRIPTIVE TITLES

Chronic disease in mother	Difficulties in labour
Syphilis	Abnormality of bones of pelvis
Tuberculosis	Disproportion
Diabetes Mellitus	Malposition of foetus
Chronic disease of circulatory system	Abnormality of forces of labour
Chronic disease of genito-urinary system	Operative delivery
Other chronic disease	Abnormality of tissues or organs of pelvis
Acute disease in mother	Placental and cord conditions
Typhoid fever	Prolapse or compression of cord
Influenza	Placenta praevia
Pneumonia	Premature separation of placenta
Other acute respiratory disease	Placental infarction
Other acute disease or condition	
Diseases and conditions of pregnancy and childbirth	Birth injury (including cerebral haemorrhage), classified by cause
Ectopic gestation	
Eclampsia	Congenital malformations
Other toxaeemias of pregnancy	Anencephalus
Infection	Hydrocephalus
Haemorrhage	Spina bifida
Absorption of toxic substances from mother	Malformation of the cardiovascular system
	Other malformations specified by type
	Disease of foetus, and ill-defined causes
	Erythroblastosis
	Prematurity (cause not known)

LIST OF INDEFINITE OR UNDESIRABLE TERMS

Indefinite or undesirable terms (i.e. when used without further particulars such as those indicated opposite)	Further information required (if available)
1. Asphyxia, anoxia, etc.	Cause of condition, e.g. pressure on cord, breech delivery, etc.
2. Intra-uterine death	Cause whenever possible.
3. Maceration	Cause of condition whenever possible.
4. Malformation	Nature of malformation (foetal or maternal).
5. Birth injury	State if foetal or maternal abnormality determined the injury or if due to operation, etc.
6. Maternal haemorrhage	Cause or nature of haemorrhage. Placenta praevia, accidental haemorrhage, etc.
7. Hypertension (maternal)	State if condition arose during pregnancy or existed previously.
8. Nephritis (maternal)	State if condition was acute or chronic.
9. Toxaemia	Cause of condition, e.g. Eclampsia, Pre-eclampsia, Nephritis (acute or chronic), etc.
10. Prolonged labour	Cause of condition. Foetal or maternal abnormality, etc.
11. Prematurity	Cause of condition. Foetal or maternal abnormality, etc.

COUNTERFOIL

The certificate opposite should be completed and signed by the medical practitioner who personally attended during/after stillbirth, and by no other person.

BIRTHS AND DEATHS REGISTRATION ACTS (IRELAND), 1863-1994

MEDICAL CERTIFICATE RELATING TO THE BIRTH OF A STILLBORN CHILD

To be given only in respect of a child born weighing 500 grammes or more or having a gestational age of 24 weeks or more who shows no sign of life.

Name of Child
Sex of Child
Gestational Age (weeks)
Weight of Child (grammes)
Date of Stillbirth
Place of Stillbirth
Signed
Date
Cause of Death

Forename(s) and Surname(s) of child
Sex of child
Place of birth
Mother's Forename(s) and Surname(s)
Father's Forename(s) and Surname(s) (if available)
Residence of mother of child at time of birth

I attended the birth I attended after the birth (Please tick appropriate box in all cases)

I hereby certify that (i) the child was not born alive and (ii) to the best of my knowledge and belief, the cause of death and the estimated duration of pregnancy of the mother were as stated below.

CAUSE OF STILLBIRTH

DIRECT CAUSE

State foetal or maternal condition directly causing death.

ANTECEDENT CAUSES

State foetal and/or maternal conditions, if any, giving rise to the above cause, stating the underlying cause last.

OTHER SIGNIFICANT CONDITIONS

of foetus or mother which may have contributed to but, in so far as is known, were not related to direct cause of death.

- 1 The certified cause of death has been confirmed by post-mortem.
2 Post-mortem information may be available later.
3 Post-mortem not being held.

Name of Medical Practitioner (block capitals)

Signature

Residence

Registered Qualification

Date

On completion this block should be

returned to the Registrar General

This certificate should only be given to one of the qualified informants listed at (1) and (2) overleaf, who will bring it to the Registrar General.



Inquiries to
 Direct Dial
 (021) 453 5456 or 453 5471
 LoCall 1890 313 414
 Fax No. (021) 453 5492/5493
 E-mail: information@cso.ie
 Website: <http://www.cso.ie>



CENTRAL STATISTICS OFFICE
 SKEHARD ROAD
 CORK

Reply to: THE DIRECTOR GENERAL
in the pre-paid envelope enclosed

Reference No.

Date

Dr _____

CONFIDENTIAL

Dear Doctor

With reference to the attached copy of certificate, further information is necessary for precise statistical classification of causes of death in the Report on Vital Statistics. I would be grateful if you would please reply to the following question(s). An urgent reply would be appreciated. The enclosed envelope, which need not be stamped, should be used for your reply.

Yours sincerely

 For Donal Garvey
 Director General

REPLY (CONFIDENTIAL)

Signed _____

Date _____

This Office may also be contacted through Dublin at +353-1 498 4000



Central Statistics Office
An Phríomh-Oifig Staidrimh

Skehard Road
Cork
Ireland

Bóthar na Sceiche Airde
Corcaigh
Éire

Tel +353-21 453 5000 } 5459
Fax +353-21 453 5164 } 5465
GTN 7 21 4
e-mail information@cs.o.ie
Website http://www.cso.ie

Reference No.

Date:

Dr. _____

CONFIDENTIAL

Dear Doctor,

The Annual Report on Vital Statistics includes a table on deaths due to accidents in the home. In order to compile this table accurately it is necessary to know (a) the circumstances of the accident and (b) the place where the accident occurred.

With regard to the attached copy of certificate perhaps you would state in this instance how the fracture/injury occurred e.g. Fall downstairs, fall from bed, tripped/stumbled, etc, and where the incident occurred.

An urgent reply would be appreciated.

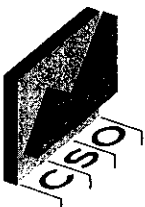
Yours sincerely

For D. GARVEY,
Director General.

REPLY (CONFIDENTIAL)

Signed: _____

Date: _____



The enclosed envelope, which need not be stamped, should be used for your reply.

This Office may also be contacted through Dublin at +353-1 497 7144

DEATHS

CONFIDENTIAL - This form is required for statistical purposes only and will be treated as strictly confidential. It should be filled in by the person requiring the death to be registered and handed to the Registrar in accordance with the Vital Statistics Regulations, 1954.

Registrar's Stamp

1 - 4

(To be filled in by Registrar)
Entry No. in Register

5 - 7

8 - 15

For Office use only.

Date on which death occurred day of year

Place at which death occurred
(full address)

16

Name, surname and home address
of deceased

17-19

Sex of deceased

21

Marital condition of deceased
(i.e. single, married, widowed, separated or divorced)

22

Age of deceased (in hours, if under one day; in completed days, if under one month; in completed months, if under one year; otherwise in completed years last birthday).

23

24-25

26-27

28

Occupation of deceased (in full detail)*
If deceased was a child under 15 years give occupation of parent or guardian. If deceased was retired, state "Retired" and give previous occupation.

29-30

If deceased was a married, widowed or separated woman, not gainfully employed, give occupation of her husband (in full detail)*

31-39

THIS PORTION TO BE FILLED IN BY REGISTRAR

Cause of death

Duration of illness

1. (a)
- (b)
- (c)
2.

State whether certified or uncertified, inquest or post-mortem

40

Signature of informant

Qualification of informant
(i.e. whether widower, widow, son, daughter, etc).

Address of informant

Date of registration Signature of Registrar

41-46

*For example:- Farmer; farm labourer; farmer's relative assisting on farm; foreman in hosiery factory; textile machinist; bricklayer; road worker; garage mechanic; radio mechanic; civil engineer; bank clerk; insurance clerk; solicitor's clerk; clerical officer - Civil Service.

FAOI RÚN - Chun chríocha staidrimh amháin an fhoirm seo agus déanfar rún di. Is ceart don duine a bheas á iarraidh go gclárófaí an bás an fhoirm a líonadh agus a thabhairt don Chláraitheoir do réir na Rialachán um Staidreamh Beatha, 1954.

Stampa an Chláraitheora

1 - 4

(Le líonadh ag an gCláraitheoir)
Taifead Uimh. sa Chlár

5 - 7

8 - 15 Don Oifig Amháin

An dáta a tharla an bás lá de bliain.....

An áit inar tharla an bás
(seoladh iomlán) 16

Ainm, sloinneadh agus seoladh baile an éagaigh 17-19

Gnéas an éagaigh 21

Stáid an éagaigh maidir le pósadh (i.e. cé acu singil, pósta, baintreach, scartha nó colscartha) 22

Aois an éagaigh (in uaire a chloig, más lú ná lá; i laethe iomlána, más lú ná mí; i míosa iomlána, más lú ná bliain agus in aon chás eile; aois an éagaigh an lá breithe deiridh). 23 24-25
..... 26-27 28

Slí bheatha an éagaigh (mionchuntas)*
Má ba leanbh faoi 15 bliana d'aois an t-éagach, cuir síos slí bheatha an tuismitheora nó an chaomhnóra.
Má bhí an t-éagach tar éis scor, cuir síos "Scortha" agus luaigh a s(h)lí bheatha roimh éag dó/di. 29-30

Má ba bhean phósta, baintreach nó scartha an t-éagach, gan slí bheatha shochrach, tabhair slí bheatha a fir (mionchuntas)* 31-39

An Chuid seo le Líonadh ag an gCláraitheoir

Cúis an bháis

Faid an tinnis

1. (a)
- (b)
- (c)
2.

Luaigh cé acu deimhnithe nó neamh-dheimhnithe, inchoisne nó post mortem

40

Siniú an fhaisnéiseora

Cáilíocht an fhaisnéiseora
(i.e. cé acu baintreach, mac, iníon, etc).

Seoladh an fhaisnéiseora

Dáta an chláraithe Siniú an Chláraitheora

41-46

*Mar shampla:- Feirmeoir; oibrí feirme; gaolta feirmeoirí ag cabhrú ar fheirm; saoste í monarcha ghóiséireachta; maisíneadóir teicstíle; radio-mheicneóir; innealtóir sibhialta; cléireach bainc; cléireach árachais; cléireach aturnae; oifigeach cléireachais - Stát-Sheirbhís.

CONFIDENTIAL STATISTICAL RETURN IN RESPECT OF INQUEST

This return will be used solely for the purpose of supplementing the information on the Coroner's Certificate for the better statistical classification of cause of death and will be treated as strictly confidential in accordance with the Statistics Act, 1993. It should be forwarded via the relevant Garda Inspector to the Director General, Central Statistics Office, Vital Statistics Section, Skehard Road, Cork on the adjournment or completion of the inquest.

Reference Information:

1. Coroner's District	2. Date of adjournment or completion of inquest
3. Member of An Garda Síochána and station investigating the death	

Information on deceased:

4. Date of death (if applicable)	
5. Place where death occurred (if not at home)	
6. Name, surname and forename(s) of deceased	
7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Date of birth
9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	10. MBS recording of living arrangements (tick <i>one</i> alone with parents with spouse/partner etc.)
11. Main occupation (tick <i>one</i>)	12. Main occupation (tick <i>one</i>)
<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student	<input type="checkbox"/> Unemployed <input type="checkbox"/> Unemployed (ill) <input type="checkbox"/> Worker in the home <input type="checkbox"/> Other specify
13. Main occupation (if person was unemployed or retired or had previous occupations)	

Medical Details:

13. Medical evidence as to cause of death	14. How injuries were sustained Describe events surrounding death (In case of a traffic accident, please state (i) whether deceased was a driver, passenger, cyclist or pedestrian and (ii) type of vehicle(s) involved etc.)
---	---

Medical details (contd.):

15. Please state the place where the incident occurred. <i>(For example, at home, residential institution, school, sports area, street/road, trade/service area, industrial/construction area, farm, other)</i>	
16. Is there any evidence of deceased being alcohol dependent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any evidence of deceased being drug dependent? If drug dependent please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) type of drug(s)	
(ii) were the drugs prescribed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Deaths caused by poison. Please state type of poison, how and where stored.	

Other Information:

18. Case file showing how the firearm obtained? <i>(Was it licensed or licensed?)</i>	
19. Please state any watch dog or wa-tch animal seen <i>(for example, sniffer dog)</i>	
20. Any known medical condition <i>(mental/physical) or contact with medical professionals?</i>	
21. Any other known medical problems <i>(for example, mental/physical, drug, problems, etc)</i>	
22. Name and address of G.P., hospital doctor or medical attendant of board.	
23. IS Post Mortem report available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Please state in your opinion whether death was	accidental <input type="checkbox"/> suicidal <input type="checkbox"/> homicidal <input type="checkbox"/> undetermined <input type="checkbox"/>

Signature of Sergeant in Charge _____

Sub District _____

Date _____

VITAL STATISTICS AND BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT, 1952

VITAL STATISTICS AND BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT, 1952

- 1 Minister.
- 2 Vital statistic.
- 3 Change of titles.
- 4 Appointment of days and hours for searches in Oifig an Ard-Chláraitheora.
- 5 Registration of birth—removal of time limit for registration of name or of alteration of name.
- 6 Abridged certificate of birth, death or marriage.
- 7 Modification of certain forms.
- 8 Removal of limits on certain sums and fees.
- 9 Alteration of amounts of certain fees, sums and allowances.
- 10 Public assistance authority to be superintendent registrar.
- 11 Repeal of existing provisions for publication of annual records of births, deaths and marriages.
- 12 Laying of regulations before Houses of Oireachtas.
- 13 Expenses.
- 14 Commencement.
- 15 Short title, construction and collective citation.

AN ACT TO AUTHORISE THE COLLECTION AND PUBLICATION OF VITAL STATISTICS AND TO AMEND AND EXTEND THE ACTS RELATING TO THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES.

[10th June, 1952.]

BE IT ENACTED BY THE OIREACHTAS AS FOLLOWS:—

Minister.

1.—In this Act, "the Minister" means the Minister for Health.

Vital statistic.

2.—(1) Statistics in relation to the following matters shall be vital statistics for the purposes of this section:—

(a) births,

(b) deaths,

(c) marriages,

(d) any other matters (including, in particular, foetal deaths) which the Minister may by regulations appoint to be matters as respects which statistics relating thereto shall be vital statistic.

(2) The Minister may collect, compile, abstract and publish vital statistics.

(3) The Minister may by regulations provide for giving effect to this section and the regulations may, in particular, include—

(a) in the case of any birth, death or marriage, provisions requiring that specified information relating to the birth, death or marriage, shall, on or within a specified period after the registration thereof, be furnished to the registrar,

(b) in the case of any other matter as respects which statistics relating thereto are vital statistics, provisions requiring that specified information, relating to the matter shall, within a specified period, be furnished to a specified person.

(c) provisions for the recording of information received pursuant to the regulations and the transmissions thereof to the Minister or any other specified person.

(4) Where a person contravenes (whether by act or omission) any provision of regulations under this section which is stated to be a penal provision, he shall be guilty of an offence under this subsection and shall be liable on summary conviction thereof to a fine not exceeding ten pounds.

(5) No person engaged in receiving information furnished pursuant to regulations under this section or in the collection, compilation, abstraction or publication of vital statistics shall disclose any such information as relating to any identifiable person unless the disclosure is to another person so engaged or is necessary for the purposes of any prosecution under this Act and, if any person contravenes this subsection, he shall be guilty of an offence under this subsection and shall be liable on summary conviction thereof to a fine not exceeding fifty pounds or, at the discretion of the Court, to imprisonment for any term not exceeding six months or to both such fine and such imprisonment.

(6) In lieu of acting by his own officers for the purposes of this section and the regulations thereunder, the Minister may arrange with any other Minister—

(a) for the collection, compilation, abstraction and publication by the officers of that Minister of any vital statistics, or

(b) for the performance by those officers of any functions or services relating to powers conferred by this section or the regulations thereunder.

(7) The provisions made by or under this section shall not affect any obligation to give information in relation to a birth, death or marriage or any other matter which is imposed by or under any other enactment.

Change of titles.

3.—The titles of the offices provided under section 52 of the Marriages (Ireland) Act, 1844, and section 4 of the Registration of Births and Deaths (Ireland) Act, 1863, are each hereby changed to Oifig an Ard-Chláraitheora and the title of the person appointed under those sections for those offices is hereby changed to an tArd-Chláraitheoir.

Appointment of days and hours for searches in Oifig an Ard-Chláraitheora.

4.—(1) The enactments to which this subsection applies shall be construed as entitling persons to make the searches referred to in those enactments only on such days, and during such periods on those days, as the Minister may appoint by regulations.

(2) The enactments to which subsection (1) of this section applies are :—

(a) section 70 of the Marriages (Ireland) Act, 1844,

(b) section 50 of the Registration of Births and Deaths (Ireland) Act, 1863, and

(c) section 17 of the Registration of Marriages (Ireland) Act, 1863.

Registration of birth—removal of time limit for registration of name or of alteration of name.

5.—(1) Section 8 of the Births and Deaths Registration Act (Ireland), 1880, is hereby amended by the substitution of "at any time" for "within twelve months next after the registration of the birth" and by the insertion of "or who is for the time being in charge of the records relating to the baptism of the child" after "was given or altered".

(2) Where, by virtue of subsection (1) of this section, a certificate under section 8 of the Births and Deaths Registration Act (Ireland), 1880, is signed by the person who is for the time being in charge of the records relating to the baptism of the child, the certificate shall be in the Form A in the First Schedule to that Act modified as follows:—

(a) "there was baptised, as shown by the records of baptisms in my charge," shall be substituted for " I baptised",

(b) "to me" shall be deleted.

Abridged certificate of birth, death or marriage.

6.—(1) The Minister may by regulations provide for the issue, as respects any entry in a register of births, deaths or marriages of a certificate of such items contained in the entry as may be specified in the regulations.

(2) Regulations under this section shall, subject to the sanction of the Minister for Finance, provide for the fee to be paid for the issue of a certificate pursuant to the regulations.

Modification of certain forms.

7.—(1) The Minister may by regulations modify any of the forms to which this subsection applies.

(2) The forms to which subsection (1) of this section applies are:—

(a) the form for a register of marriages set out in Schedule G annexed to the Marriages (Ireland) Act, 1844,

(b) the form for a certificate of marriage set out as Form A in the Schedule annexed to the Registration of Marriages (Ireland) Act, 1863,

(c) the form for a certificate of marriage set out in the Schedule annexed to the Matrimonial Causes and Marriage Law (Ireland) Amendment Act, 1871.

Removal of limits on certain sums and fees.

8.—(1) Section 8 of the Marriages (Ireland) Act, 1844, is hereby amended by the deletion of "the sum of five shillings" and the substitution therefor of "such sum as may from time to time be appointed in that behalf by his Presbytery".

(2) Section 10 of the Marriages (Ireland) Act, 1844, is hereby amended by the deletion of "a fee of one shilling" and the substitution therefor of "such fee as may from time to time be appointed in that behalf by the Presbytery".

(3) Section 35 of the Matrimonial Causes and Marriage Law (Ireland) Amendment Act, 1870, is hereby amended by the deletion of "not exceeding the sum of five shillings" and of "not exceeding one shilling".

Alteration of amounts of certain fees, sums and allowances.

9.—(1) Where a provision of any of the Acts to which this subsection applies fixes the amount of any fee or sum (being a sum in the nature of a fee), the Minister may, with the consent of the Minister for Finance, by regulations alter the amount of the fee or sum.

(2) The Acts to which subsection (1) of this section applies are:—

(a) the Births and Deaths Registration Acts, 1863 to