

Certificate of Live Birth

Local file number	Ministry of Vital Records Basileia Ouranos, H.H.C.			Birth record number
Child - First name	Second name	Third name	Mother's Family name	Father's Family name
Time of birth -day-month-year	Location of birth or nearest geographical point		Local ministry of records - contact address	
I hereby certify that this child was born alive at the time, date and place stated Certifier's signature & Title of certifier				
Printed name of certifier		Date signed by certifier	Registrar signature	
Attendee signature		Date signed by Attendee	Printed name of Attendee	
Father - First name	Second name	Third name	Family name	Age at Birth
Signature of Father of Child [Paternal Familias]			Day signed	Status
Mother - First name	Second name	Third name	Family [maiden] name	Age at birth
Signature of Mother of Child			Day signed	Status
Raised Seals for certified copies:		For Vital Records original use only.		
		Original File Date		
		HHC Form Lv25:10		

INSTRUCTIONS FOR LIVE FAMILY BIRTH CERTIFICATION

Official Certificate of Live Family Birth issued by the Ministry of Vital Records of Basileia Ouranos, H.H.C. must be filed and sealed in Church archives. This ministry is a records ministry serving the congregation of the people as witness to the sanctity of the home and family. It is operated in service by His Holy Church and is in conjunction to the Congregation of the people.

The **Local file number** is composed of the last three digit of the year - a four digit representation of the day and month **of the filing date** - an alpha/numerical representation of the local congregation or ministry office as agreed upon by members and assigned by the Ministry of Vital Records - daily number recorded that day. [000-0000-XXXX-0]

The **Birth record number** is composed of three digit country code - the last three digit of the year - a four digit representation of the day and month **of live birth** - an alpha/numerical representation of the local congregation or ministry office as agreed upon by members and assigned by the Ministry of Vital Records - daily number recorded that day. [000-000-0000 XXXX-0]

Child - First name [required] - Second name [if applicable] - Third name [if applicable].

Mother's Family name [required] **Father's Family name** [if known].

Time of birth including AM and PM [if known] **day** [required], **month** [required], **year** [required].

Location of birth - nearest geographical identifier or recognized Ministry [required].

>>**Local ministry of records** - contact address [nearest]

Signature and Title of officiating Certifier of live birth [required].

Title: congregation member, minister, trustee, Church or Family Relationship, Midwife, medical personnel, etc..

The **printed name** and **date signed** of the individual certifying birth [required].

>>**Registrar** [signature] **Date received** [required].

Attendee signature [required]. **Printed Name of Attendee** [required].

Father [if known or Proxy or Patron] **First name** [required], Second name [if applicable], Third name [if applicable],

Family name [required] **Age** [if known]

Signature of Father of Child [specify Pater Familias or Proxy or Patron] [if available].

Day signed [required] - Status [Title or Relationship] [if available].

If Father is unavailable to sign an affidavit may be filed with the Ministry of Records and a proxy may sign for the Mother.

Mother First name [required], Second name [if applicable], Third name [if applicable], Family [maiden] name [required]

Age [if known]

Signature of Mother of Child [if available].

Day signed [if applicable], Status [Title or Relationship] [if available].

If Mother is unavailable to sign an affidavit may be filed with the Ministry of Records and a proxy may sign for the Mother.

A Delayed Birth Certificates may be issued by the Ministry of Records upon receiving signed testimony from two eyewitnesses to the birth. These witness must be known to registrar or identified by two other ministers or laymen who are known to a witnessing registrar. In the absence of a second eyewitness other approved documentation, witnesses and evidence may be accepted according to Records Guidelines. All records must be kept on file and certified copies may be obtained upon request.

Cut and paste this to the bottom of a sealed Certificate if you wish it notarized. By signing in front of a notary public their signatures will be notarized.

TRUE AND ACTUAL COPY OF CERTIFICATION, AND ACKNOWLEDGMENT

With these signature below we certify and acknowledge this is a true and actual copy of a certificate of Birth.

Signature

Date

Signature

Date

*The foregoing instrument was acknowledged before me this _____, 20____,
by these signatures; _____*

Notary Public for _____

(SEAL)

His Church at	Record code
Goose Lake	GoL
Gunnison Valley	GuV
Pikes Peak	PiP
Pocahontas	Poc
Rogue Valley	RoV
Spoon River	SpR
Summer Lake	SuL

Number	Territory no changes can be made to this form 5/15/2004
1	Afghanistan
2	Alabama
3	Aland
4	Alaska
5	Albania
6	Algeria
7	America
8	Andorra
9	Angola
10	Anguilla
11	Antigua & Barbuda
12	Antilles, Netherlands
13	Arab Emirates
14	Arizona
15	Argentina
16	Arkansas
17	Armenia
18	Aruba
19	Australia
20	Austria
21	Azerbaijan
22	Bahamas
23	Bahrain
24	Bangladesh
25	Barbados
26	Belarus
27	Belgium
28	Belize
29	Benin
30	Basileia Ouranos, H.H.C
31	Bermuda
32	Bhutan
33	Bolivia
34	Bosniaand Herzegovina
35	Botswana
36	Brazil
37	Brunei
38	Bulgaria
39	Burkina Faso
40	Burundi
41	California
42	Cambodia
43	Cameroon
44	Canada
45	CapeVerde
46	Cayman Islands

47	Central Africa
48	Chad
49	Cherokee
50	Chile
51	China (People'sRepublic)
52	China (Republic)
53	Colombia
54	Colorado
55	Comoros
56	Congo (Democratic Republic)
57	Congo (Republic)
58	Connecticut
59	CookIslands
60	CostaRica
61	Coted'Ivoire
62	Croatia
63	Cuba
64	Cyprus (Republic)
65	Cyprus (TurkishRepublic)
66	Czech Republic
67	Delaware
68	Denmark
69	Djibouti
70	Dominica
71	Dominican Republic
72	Ecuador
73	Egypt
74	El Salvador
75	Equatorial Guinea
76	Eritrea
77	Estonia
78	Ethiopia
79	European Union
80	Falkland Islands
81	Faroese
82	Fiji
83	Finland
84	Florida
85	France
86	Gabon
87	Gambia
88	Georgia <small>Caucasus</small>
89	Georgia <small>America</small>
90	Germany
91	Ghana
92	Gibraltar
93	Great Britain & Northern Ireland
94	Greece
95	Greenland
96	Grenada
97	Guam
98	Guatemala
99	Guernsey
100	Guinea
101	GuineaBissau
102	Guyana
103	Gypsie
104	Haiti

105	Hawaii	157	Mauritania
106	Honduras	158	Mauritius
107	Hong Kong	159	Mayotte
108	Hungary	160	Mexico
109	Iceland	161	Micronesia
110	Idaho	162	Moldova
111	Illinois	163	Monaco
112	India	164	Mongolia
113	Indiana	165	Montserrat
114	Indonesia	166	Morocco
115	Iowa	167	Mozambique
116	Iran	168	Myanmar
117	Iraq	169	Namibia
118	Ireland	170	Nauru
119	Israel	171	Nebraska
120	Italy	172	Nepal
121	Jamaica	173	Netherlands
122	Japan	174	Nevada
123	Jersey	175	New Caledonia
124	Jordan	176	New Hampshire
125	Kansas	177	New Jersey
126	Kazakhstan	178	New Mexico
127	Kentucky	179	New York
128	Kenya	180	New Zealand
129	Kiribati	181	Nicaragua
130	Korea (Democratic People's Republic)	182	Niger
131	Korea (Republic)	183	Nigeria
132	Kosovo	184	Niue
133	Kuwait	185	North Carolina
134	Kyrgyzstan	186	North Dakota
135	Laos	187	Northern Mariana Isl.
136	Latvia	188	Norway
137	Lebanon	189	Ohio
138	Lesotho	190	Oklahoma
139	Liberia	191	Oman
140	Libya	192	Oregon
141	Liechtenstein	193	Other not listed
142	Lithuania	194	Pakistan
143	Louisiana	195	Palau
144	Luxembourg	196	Palestine
145	Macau	197	Panama
146	Macedonia	198	Papua New Guinea
147	Madagascar	199	Paraguay
142	Maine	200	Pennsylvania
143	Maryland	201	Peru
144	Massachusetts	202	Philippines
145	Michigan	203	Pitcarin Island
146	Minnesota	204	Poland
147	Mississippi	205	Polynesia, French
148	Missouri	206	Portugal
149	Montana	207	PuertoRico
150	Malawi	208	Qatar
151	Malaysia	209	Rhode Island Romania
152	Maldives	210	Russian Federation
153	Mali	211	Rwanda
154	Malta	212	SoTomandPrncipe
155	Man	213	Saint Helena
156	Marshall Islands	214	Saint Kitts and Nevis

215	Saint Lucia
216	Saint Vincent and the Grenadines
217	Saint Pierre and Miquelon
218	Samoa
219	Samoa, American
220	San Marino
221	Saudi Arabia
222	Senegal
223	Seychelles
224	Sierra Leone
225	Singapore
226	Sioux
227	Slovakia
228	Slovenia
229	Solomon Islands
230	Somalia
231	Somaliland
232	South Africa
233	South Carolina
234	South Dakota
235	Sovereign Indian nation
236	Spain
237	Sri Lanka
238	Sudan
239	Suriname
240	Swaziland
241	Sweden
242	Switzerland
243	Syria
244	Tajikistan
245	Tanzania
246	Tennessee
247	Texas
248	Thailand
249	Togo
250	Tonga
251	Transient
252	Transnistria
253	TrinidadandTobago
254	Tunisia
255	Turkey
256	Turkmenistan
257	TurksandCaicosIslands
258	Tuvalu
259	Uganda
260	Ukraine
261	UnitedStatesofAmerica
262	Uruguay
263	Uzbekistan
264	Utah
265	Vermont
266	Virginia
267	Vanuatu
268	Vatican
269	Venezuela
270	Vietnam
271	VirginIslands,British
272	VirginIslands,U.S.

273	WallisandFutuna
274	Washington
275	WestVirginia
276	Wisconsin
277	Wyoming
278	Yemen
279	Yugoslavia
280	Zambia
281	Zimbabwe