

Civil Registration in Belize

In Belize the Vital Statistics Unit (VSU) of the General Registry is charged with the responsibility of registering the following major and other related events which occur in Belize.

1. Births
2. Deaths
3. Marriages
4. Adoptions
5. Deed Polls

The governing law for the registration of births and deaths is the Births and Deaths Act, Cap 157 and Subsidiary Laws of Belize.

The law provides for registration of births and deaths to be carried out by officers of the VSU office, appointed Deputy Registrars in the various districts or by Magistrates in the judicial districts. Currently though, the magistrates no longer register these events as we now have Registration Clerks stationed at all main hospitals in each districts. Note the appointed Deputy Registrars are required to submit the relevant registration documents to the registry for actual registration; entry into the registers and database.

REGISTRATION OF BIRTHS

Once a person is born in Belize he or she is entitled as of right to be registered and included in the country's VS and to enjoy all benefits associated therewith.

It is important for me to mention at this stage that it is the responsibility of parents to register their children soon after birth. The law provides for registration of the birth of a child to take place within 42 days after birth and no later than a year. However, this does not mean that registration cannot take place after the 42 days have lapsed as there is also provisions for late registration. What this means is that even though the prescribed or a substantial period may have lapsed without a child being registered, registration can nonetheless take place. However, the ideal situation for everyone, that is, parent, child and the country is for registration of births to take place as soon after birth as possible.

Place

Registration generally is done by Registration Clerks at the VSU offices located at the 7 major hospitals in the country. A major hospital is located in each district (of which there are 6, save and except for Cayo District which has 2 main hospitals, 1 in San Ignacio Town and the other in the capital, Belmopan.

Time

At the hospitals the Clerks are required to make daily visits to the maternity wards to encourage new parents to register their new born before leaving the hospital. Once the parent is prepared to register the new born, the Clerks does so using the "Live Birth Registration" form which captures all the relevant information and is also completed by an authorized medical personnel usually, a doctor. The information is thereafter recorded in a physical Births Register and later entered into VS electronic database system. There is no fee levied for the registration of birth within the 42 days prescribed by law.

At times, however, efforts to register a new born can be challenging as parents may be reluctant to register the child for many reasons. Such reasons could include the absence of the father (cases in which parents are not married to each other) and mother wants the father's name to be on the birth certificate. For this to occur the father is required to sign the registration form along with the mother. Another reason is that a parent or both does not have an ID and is unable to produce one at any time because he or she is an illegal immigrant and is reluctant to disclose such status or simply does not possess an ID. Other times mothers would say that they have not decided on a name for the child and would want the father to be involved in the name selection process. So there are many hinderances to this type of early registration. One way we have tried to address this situation is to encourage the health officials to complete the form and our clerks to obtain contact information from the parent so that we can followup on the registration of the child. It is important to mention that under section 19 of our laws, a child can be registered without a name and a name can be provided at a later date.

We like many other countries also face many other challenges to ensure 100% registration (currently has approximately 94%) mainly due to access to registration offices by people living in remote areas of the country. This situation also contributes to late registration.

Late Registration of Births

Registration of birth can occur anytime outside the prescribed period and where more than a year has passed, the registration of that birth is governed by section 18 of the Act which provides for the registration to be done under the written authority of the Registrar General. For registration to occur, the informant has to complete a late registration form and must provide evidence to the satisfaction of the Registrar that the birth occurred in Belize by the person named as the mother.

Fee

Upon completing an application for late registration, a minimal administrative fee of BZD \$8.50 is payable. Note that since 2007, the penalty fees initially imposed by law for late registration was statutorily removed.

However, a person who is mandated under law to provide information for the registration of a birth and fails to do so can, upon summary conviction, be fined a maximum of BZD\$1,000.00. This applies to a person who is obliged to register a child

and fails to do so, is summons by the Registrar (within 1 year after birth) to appear to give information about the birth of a child and fails to so provide or willfully upon being questioned by the Registrar, refuses to answer questions about the birth of a child.



Form 2
VITAL STATISTICS UNIT
LIVE BIRTH REGISTRATION FORM

PART (A)	Name of Health Facility	Type of Facility <input type="checkbox"/> Public Hosp. <input type="checkbox"/> Public Clinic <input type="checkbox"/> Private Hosp. <input type="checkbox"/> Home <input type="checkbox"/> Private Clinic Other (specify) _____	District <input type="checkbox"/> Carroll <input type="checkbox"/> Stann Creek <input type="checkbox"/> Orange Walk <input type="checkbox"/> Toledo <input type="checkbox"/> Belize <input type="checkbox"/> Caye
	CHILD'S INFORMATION		
PART (B)	Name _____	District of Birth <input type="checkbox"/> Carroll <input type="checkbox"/> Stann Creek <input type="checkbox"/> Orange Walk <input type="checkbox"/> Toledo <input type="checkbox"/> Belize <input type="checkbox"/> Caye	District Residence of Mother <input type="checkbox"/> Carroll <input type="checkbox"/> Stann Creek <input type="checkbox"/> Orange Walk <input type="checkbox"/> Toledo <input type="checkbox"/> Belize <input type="checkbox"/> Caye
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Gestational Age: _____ Weeks	Weight at Birth: _____ Kg.
PART (C)	Type of Birth <input type="checkbox"/> Single <input type="checkbox"/> Triplets <input type="checkbox"/> Twins Other (specify) _____		Date: / /
	PARENT'S INFORMATION (Father)		
PART (D)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Visiting Partner <input type="checkbox"/> Common Law <input type="checkbox"/> Widow <input type="checkbox"/> Single Other (specify) _____		Age: _____
	Father's Name: _____ Education Level Completed: <input type="checkbox"/> None <input type="checkbox"/> Secondary <input type="checkbox"/> University <input type="checkbox"/> Primary <input type="checkbox"/> Matriculation <input type="checkbox"/> Not Stated		Occupation: _____
PART (E)	Ethnicity: <input type="checkbox"/> Aztec <input type="checkbox"/> Caucasian <input type="checkbox"/> Mestizo <input type="checkbox"/> Kiche/Indian <input type="checkbox"/> Maya <input type="checkbox"/> Chinese <input type="checkbox"/> East Indian Other (specify) _____ <input type="checkbox"/> Guatemalan <input type="checkbox"/> Mesoamerican	Address: _____	Locality: <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Other
	District: <input type="checkbox"/> Carroll <input type="checkbox"/> Stann Creek <input type="checkbox"/> Orange Walk <input type="checkbox"/> Toledo <input type="checkbox"/> Belize <input type="checkbox"/> Caye	Country of Birth: _____ Nationality: _____ ID No. _____	
PART (F)	Type of Identification <input type="checkbox"/> Social Security <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Birth <input type="checkbox"/> Voter's Card		Date: / /
	I hereby acknowledge myself to be the father of the above named child.		
PART (G)	Father's Signature: _____		Date: / /
	Mother's Name (Surname + First): _____ Mother Name: _____		
PART (H)	Education Level Completed <input type="checkbox"/> None <input type="checkbox"/> Sixth Form <input type="checkbox"/> Primary <input type="checkbox"/> University <input type="checkbox"/> Secondary <input type="checkbox"/> Not Stated		Age: _____
	Occupation: _____		Date: / /
PART (I)	Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Mexican <input type="checkbox"/> Kiche/Indian <input type="checkbox"/> Maya <input type="checkbox"/> Chinese <input type="checkbox"/> East Indian Other (specify) _____ <input type="checkbox"/> Guatemalan <input type="checkbox"/> Mesoamerican	Address: _____	
	District: <input type="checkbox"/> Carroll <input type="checkbox"/> Stann Creek <input type="checkbox"/> Orange Walk <input type="checkbox"/> Toledo <input type="checkbox"/> Belize <input type="checkbox"/> Caye	Country of Birth: _____ Nationality: _____ ID No. _____	
PART (J)	Type of Identification <input type="checkbox"/> Social Security <input type="checkbox"/> Voter's Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Birth <input type="checkbox"/> Passport		Date: / /
	I hereby certify that to the best of my knowledge and belief the above contains the true and correct information of the particulars required concerning the above mentioned birth.		
PART (K)	Mother's Signature: _____		
	OTHER INFORMATION FOR STATISTICS ONLY (MATERNAL)		
PART (L)	No. Of Live Births (including this child): _____	No. Of Still Births: _____	Type of Delivery: _____
	No. Now Living: _____	No. Now Dead: _____	Any Complication During Delivery: _____
PART (M)	ATTENDANT'S INFORMATION (DOCTOR/MIDWIFE)		
	Name: _____	Position: _____	I hereby certify that this child was born alive at the place and on the date stated.
PART (N)	FOR USE ONLY BY REGISTRATION CLERK/DEPUTY REGISTRAR (VSL)		
	Received On: / /	Date of Registration: / /	Certified by Registration Clerk/Deputy Registrar: _____ Signature: _____ Title: _____

This form is to be filled out in triplicate - Original and One Copy (pink) to be forwarded to Vital Statistics Unit and One Copy (yellow) to be filed at the District Health Information Unit after this entry.
This form is to be completed in the presence of both parent if unmarried and wish to have child registered in the father's name. If parent are married, only one parent needs to complete this form.

Nº 007002

REGISTRATION OF DEATHS

Place

Similarly registration of deaths are carried out by the Registration Clerks stationed at the major hospitals upon receiving the original or a certified copy of the Medical Certificate of Cause of Death issued by a doctor, if the person died at the hospital. If a person died at home, the following persons can register the death.

1. A relative present at the time of death
2. Every person present at the time of death
3. The occupier of the house where death occurred if he has knowledge or
4. A person causing the body to be buried (this includes a funeral Home)

The information once received, is inserted on a manual form referred to as a Counter Blotter (which must be signed by the informant), the information is then recorded in a register for deaths and thereafter entered into the electronic VS database.

Time

Under law, the registration of a death should be done within four days after death occurred or as soon as is practicable.

Late Registration

Late registration of deaths is permissible on the same terms and conditions which applies to late registration of live births.

Fee

Similarly as in birth, no fee is charged for registration of a death except for late registration where a minimal administrative fee of BZD \$8.50 is payable.

COUNTER BLOTTER - DEATH

Deceased Information

(First Name) (Middle Name) (Surname)

Date of Death _____ Age _____ Date of Birth _____ Sex _____

Country of Birth _____ Identification _____
(Social Security/Passport/Child's Voter Card)

Parents information _____
(Name of Mother) (Name of Father)

Place of Death _____ Occupation _____

Cause of Death _____
(Disease or Injury leading to Death) (Antecedent cause giving rise to Death)

(Other condition contributing to Death) (External cause - How Injury occurred)

Name of Certifying Medical Practitioner _____

Name of Informant _____
(First Name) (Middle Name) (Surname)

Address _____
(Street) (Town/Village) (District)

Relation to Deceased _____

I hereby certify that to the best of my knowledge and belief the above contains the true and correct information of the particulars required to be registered concerning the above mentioned death

Dated this _____ Day of _____ 20 _____

Signature of Informant

Signature of Registration Clerk

Name of Registration Clerk

REGISTRATION OF STILL BIRTHS

Place

All still births are registered by the Registration Clerks. Before the entry is made into the still birth register, the informant must present one of the below documentation and complete and sign the Counter Blotter for still birth:

1. Certificate that the child was not born alive, signed the relevant authority (government medical officer or registered mid-wife who was present at time of death or has examined the body.
2. A proper executed declaration stating that no government medical officer or registered practitioner or midwife was present at the time of birth or to examine the body and that the child was not born alive.

The data as to the still birth is then entered into the electronic database.

Time

Registration of a still born must be done within the time prescribed for registration of live births and in default of so doing, the conditions for late registration similar to live birth situation applies. However, a person who buried or caused to be buried the body of a still born, shall, no later than 7 days after such burial, provide the registrar with such information.

Fee

No fee is charged for the registration of a still birth or penalty fee for late registration of a still birth. However, the same legal consequences which apply for failure to register or provide information for registration of a live birth apply to non-reporting of a still birth.



Form 4

new



MINISTRY OF HEALTH
STILL BIRTH NOTIFICATION FORM

5851

Name of Health Facility	Type	District
	<input type="checkbox"/> Public Hosp. <input type="checkbox"/> Public Clinic <input type="checkbox"/> Private Hosp. <input type="checkbox"/> Home <input type="checkbox"/> Private Clinic Other (specify) _____	<input type="checkbox"/> Corozal <input type="checkbox"/> Stann Creek <input type="checkbox"/> Orange Walk <input type="checkbox"/> Toledo <input type="checkbox"/> Belize <input type="checkbox"/> Cayo

MOTHER'S DEMOGRAPHICS and HISTORY

Mother's Name Surname/First	District of Residence	Country of Birth
Town/Village	<input type="checkbox"/> Corozal <input type="checkbox"/> Stann Creek <input type="checkbox"/> Orange Walk <input type="checkbox"/> Toledo <input type="checkbox"/> Belize <input type="checkbox"/> Cayo	

Age	Education Level Completed	Ethnicity	Gestational Age at Booking
	<input type="checkbox"/> None <input type="checkbox"/> University <input type="checkbox"/> Primary <input type="checkbox"/> Not Stated <input type="checkbox"/> Secondary <input type="checkbox"/> Sixth Form	<input type="checkbox"/> Mestizo <input type="checkbox"/> Ketchi Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Creole <input type="checkbox"/> East Indian <input type="checkbox"/> Garifuna <input type="checkbox"/> Mennonite <input type="checkbox"/> Maya <input type="checkbox"/> Asian Other (specify) _____	
			Total No. Of Antenatal Clinics

Last Weight Recorded	Expected Delivery Date	No. Of Previous C/Section	Behavior/Practices	Maternal Chronic Conditions/Diseases
_____ Kg.	____ / ____ / ____	_____	<input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol Other Drugs (specify) _____	
Last Menstrual Period	Gravida	Para		
____ / ____ / ____	_____	_____	No. Miscarriages	
			Pregnancy Spacing (interval)	

Reproductive Risk Factors	High Risk Pregnancy Factors	Conditions Contributing of Fetal Deaths (ICD10)	Congenital Anomalies of Fetus (ICD 10)

Type of Death	Place of Death	INFORMATION ON THE BIRTH	
<input type="checkbox"/> Ante Partum <input type="checkbox"/> Intra Partum	<input type="checkbox"/> In Hospital <input type="checkbox"/> Out Hospital	Date of Birth	District of Birth
		____ / ____ / ____	<input type="checkbox"/> Corozal <input type="checkbox"/> Stann Creek <input type="checkbox"/> Orange Walk <input type="checkbox"/> Toledo <input type="checkbox"/> Belize <input type="checkbox"/> Cayo
Type of Birth Attendant		Place of Birth	
<input type="checkbox"/> OBGYN <input type="checkbox"/> TBA <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife Other (specify) _____			
		Sex	Weight at Birth
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ Kg.
		Gestational Age at Birth	Fetal Maceration
		_____ Wks.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certifying person (print & sign)

This form is to be filled out in duplicate - original copy to be given to parent, the copy to be forwarded to the District Health Information Unit for data entry and filing.

FOR USE BY VITAL STATISTICS ONLY

Date of Received	_____ / ____ / ____	Clerk In-Charge
Date of Filed	_____ / ____ / ____	

Still births is define as a death prior to complete expulsion or extraction from its mother of a product of human conception, equal or greater to 22 weeks of gestation (WHO and ICD 10 Code not off point) and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of umbilical cord, definite movement of voluntary muscles. Heart beats are to be distinguished from transient cardiac contractions; respiration is to be distinguished from flitting respiratory efforts.

REGISTRATION OF MARRIAGES

Registration of marriages is governed by the Marriage Act, Cap 174 of the Laws of Belize.

Place

Marriages are registered at the main office in Belize City upon the presentation of the Duplicate Original Marriage Register by the marriage officer.

Time for Registration

A marriage must be registered by the marriage officer who performs it within the first 10 days of the following month by transmitting a copy of the Duplicate Original Marriage Register to the Registrar.

Fee & Late Registration

The registration of a marriage is free of charge and similarly no penalty fee is attached to late registration but under section 72 of the Act, upon summary conviction, a fine not exceeding \$400.00, can be imposed on a marriage officer for failure to register a marriage.



FORM 7
(SECTION 60(5))
ORIGINAL MARRIAGE REGISTER

2016		Marriage solemnized or performed at			in the		BELIZE		marriage district		2016	
No.	When married	Names and surnames	Ages	Condition	Rank of Profession	Residence at the time of marriage	After banns or notice or District Accountant Certificate	Consent by whom given, or Judge's order				

Married at

in the BELIZE

marriage district aforesaid, after

by me

This marriage was solemnized
(or performed) between us

(signed)

Marriage Officer

In the presence of us

Examined with the Original Marriage Register by me and found to be Correct.
CERTIFIED to be the true copy of an entry in the marriage register for **BELIZE** marriage district in Belize.

Given this Day of , 2016

Marriage Officer

.....THANK YOU

Velda Flowers
Registrar General
velflo@yahoo.com