



## THE BIRTHS AND DEATHS REGISTRATION ACT

## CORRECTION OF ERROR (BIRTH) APPLICATION

I NEED  (# of copies) of the BIRTH certificate for the following individual:

First Name of Child

Middle Name(s)

Surname

Sex of Child:

Male

Female

Date of Birth (dd/ mm/ yyyy)

Place of Birth (Hospital Name or Home Address)

(Parish of Birth)

(District of Birth)

Birth entry number

Date of Registration (dd/ mm/ yyyy)

First Name of Mother

Middle Name(s)

Surname

(Maiden Name)

First Name of Father

Middle Name(s)

Surname

## APPLICANT'S INFORMATION

Full Name:	TRN:
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Street Address/ Town/City, Zip Code, Country:

Relationship to individual:	Email Address:
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Reason for applying (please tick):  <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Other	Telephone number: _____ (cell)  _____ (home) _____ (work)
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Signature of Applicant:	Date of Application:
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# Statutory Declaration Form for Correction of Error

*(Declarant 1)*

This Declaration is made to correct an error on a **BIRTH Certificate**.

This certificate belongs to: \_\_\_\_\_  
(State full name here)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day                    Month                    Year

Registration Birth Entry Number: \_\_\_\_\_

Where is the error located on the certificate (line #)?	What is the error?	What should the correction be?

State the reasons for the error:

**That I wish to amend any other errors cited by the Registrar General's Department (RGD) after discussion with RGD.**      Yes       No

Full Name of Declarant:.....

Address of Declarant.....

..... Declarant's Relationship to the individual..... Age.....

--	--	--	--	--	--	--	--	--	--	--	--

ID Type attached

[Taxpayer Registration Number (TRN)]

..... ID No.

Contact#\_\_\_\_\_ Email Address: \_\_\_\_\_

AND I make this solemn declaration conscientiously believing the same to be true under

and by virtue of the Voluntary Declarations Act.

TAKEN AND ACKNOWLEDGED

By the said ..... ) .....  
At ) Declarant's Signature  
In the parish of )  
This day of 20 )  
In the presence of )  
 )  
..... )  
..... )  
**JUSTICE OF THE PEACE /NOTARY PUBLIC**

**MARKSMAN CLAUSE**

**(This Section to be used only when Declarant is unable to sign due to illness or illiteracy)**

**AND I/WE** make this solemn declaration conscientiously believing the same to be true under and by virtue of the Voluntary Declarations Act.

If the individual is unable to read or write by reason of illiteracy or illness.

**Signed by**

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**Name of Declarant**

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**Signature/Mark**

After the same was read over and explained to him or her and who expressed themselves as understanding the nature and effects of the contents.

In the presence of:

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**Name of Justice of Peace/Notary Public**

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**JP/Notary Public Signature & Seal**

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**Parish /State/Province**

---

**Date**



## Statutory Declaration Form for Correction of Error (Declarant 2)

This Declaration is made to correct an error on a **BIRTH Certificate**.

This certificate belongs to: \_\_\_\_\_  
(State full name here)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day              Month              Year

Registration Birth Entry Number: \_\_\_\_\_

Place of REGISTRATION: \_\_\_\_\_  
Parish \_\_\_\_\_ District \_\_\_\_\_

Where is the error located on the certificate (line #)?	What is the error?	What should the correction be?

State the reasons for the error:

Reasons for Error

**That I wish to amend any other errors cited by the Registrar General's Department(RGD) after discussion with RGD.**      Yes       No

Full Name of Declarant:.....

Address of Declarant.....

.....  
Declarant's Relationship to the individual.....Age.....

			-			-			-		
--	--	--	---	--	--	---	--	--	---	--	--

.....  
ID Type attached

[Taxpayer Registration Number (TRN)]

.....  
ID No.

Contact#\_\_\_\_\_ Email Address: \_\_\_\_\_

AND I make this solemn declaration conscientiously believing the same to be true under

and by virtue of the Voluntary Declarations Act.

TAKEN AND ACKNOWLEDGED

By the said ..... ) .....  
At ) Declarant's Signature  
In the parish of )  
This day of 20 )  
In the presence of )  
 )  
..... )  
..... )  
**JUSTICE OF THE PEACE /NOTARY PUBLIC**

**MARKSMAN CLAUSE**

**(This Section to be used only when Declarant is unable to sign due to illness or illiteracy)**

**AND I/WE** make this solemn declaration conscientiously believing the same to be true under and by virtue of the Voluntary Declarations Act.

If the individual is unable to read or write by reason of illiteracy or illness.

**Signed by**

---

**Name of Declarant**

---

**Signature/Mark**

After the same was read over and explained to him or her and who expressed themselves as understanding the nature and effects of the contents.

In the presence of:

---

**Name of Justice of Peace/Notary Public**

---

**JP/Notary Public Signature & Seal**

---

**Parish /State/Province**

---

**Date**



## DECLARATION BASED ON SCHOOL ADMISSION RECORD

Used by **SCHOOL OFFICIALS ONLY** to certify certain facts about a child contained in a School's Official Admission Register.

**PLEASE PRINT ALL INFORMATION, EXCEPT SIGNATURES IN BLOCK CAPITAL LETTERS.**

**Child's Name:** \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 Sex:  Male  Female

**Date of Admission:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ **Index No.** \_\_\_\_\_

**Parent/ Guardian Names:** \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

I \_\_\_\_\_ certify that the above particulars were extracted EXACTLY from the  
 School's Admission Register of the \_\_\_\_\_ School  
 (formerly known as \_\_\_\_\_), located at \_\_\_\_\_  
 (Street Address of District)  
 in the parish of \_\_\_\_\_.

**WARNING: IT IS A CRIMINAL OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF AN APPLICATION TO THE REGISTRAR GENERAL'S DEPARTMENT.**

I hereby sign to the above details, acknowledging that the information given is correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature of Principal or Head Teacher

\_\_\_\_\_  
 Date

**School's contact number (s):** \_\_\_\_\_

**Note:** Kindly affix School stamp below. If there is no School stamp, kindly make an appropriate note to this effect on the form and sign same.



GOVERNMENT OF JAMAICA  
REGISTRAR GENERAL'S DEPARTMENT  
**THE REGISTRATION (BIRTHS AND DEATHS) ACT**  
Certified Copy of the Record of Infant Baptism (Form J)

Please PRINT All Information, Except Signatures, In BLOCK CAPITAL LETTERS.

This is a copy of the Register Book of Baptisms of the

\_\_\_\_\_  
(Name of Church or Place of Worship)  
in the Parish of \_\_\_\_\_ for the Year \_\_\_\_\_

Space for Particulars from the Baptismal Register:

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I, \_\_\_\_\_ Minister (or Person) in charge  
of \_\_\_\_\_ in the parish of  
(Name of Church or Place of Worship)

\_\_\_\_\_  
I \_\_\_\_\_, do hereby certify that the Baptismal  
Register of the said Church shows that on the \_\_\_\_\_ day of \_\_\_\_\_ in the Year \_\_\_\_\_,  
the Rev. \_\_\_\_\_ baptised by the Name(s) of  
\_\_\_\_\_  
, produced as the \_\_\_\_\_  
(son or daughter)

of \_\_\_\_\_ and \_\_\_\_\_  
(Mother's Names) (Father's Names)

and declared to have been born at \_\_\_\_\_ in the parish of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_ in the Year \_\_\_\_\_

The above entry is a True Copy of the record in the Baptismal Register of the Baptism of the said Child.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ in the Year \_\_\_\_\_.

*Signature of Minister or Person in Charge*

\_\_\_\_\_



GOVERNMENT OF JAMAICA  
REGISTRAR GENERAL'S DEPARTMENT  
**LIST OF ALL CHILDREN BORN TO MOTHER**

(To be completed and attached to Application for Registration of Birth, Declaration of Late Entry of Naming, or other forms, as necessary).

**Please PRINT All Information in BLOCK CAPITAL LETTERS.** The more information provided, the better the chances for prompt, accurate service.

Mother's Names \_\_\_\_\_ Christian (First) \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_