



**THE BIRTHS AND DEATHS REGISTRATION ACT
APPLICATION FORM**

LATE ENTRY OF NAME 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:
Street Address/ Town/City, Zip Code, Country:	
Relationship to Individual:	Email Address:
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)
Signature of Applicant:	Date of Application:



Statutory Declaration for Late Entry of Name of Birth

"I....., do solemnly and sincerely declare that:

1. The tracking number for this birth registration form is:
Tracking Number: _____
2. That my date of birth is.....and I amyears old.
3. That I was born at.....registered under birth entry number.....A copy of my birth certificate is attached hereto and marked.....for identification.
4. That I reside at
.....
5. That my occupation is.....
6. That my contact information is:
 - i. Cell number.....
 - ii. Email address.....
7. That my tax registration number (TRN) is..... A copy of my TRN is attached hereto and marked.....for identification.
8. That my identification card is..... NoA copy of my identification card is attached hereto for identification.
9. That I am the.....(state relationship)
of.....(name of person to be named).
10. That since was a child, I/ He /
She has/have been using the namealthough

.....appears on birth registration form bearing entry number.....

11. That I / he / she attended school in the name of A copy of this school record(s) or letter is attached hereto and marked.....for identification.

12. That I / he / she was baptized/christened in the name ofA copy of this record is attached hereto and marked.....for identification.

13. CERTIFICATE OF NAMING attached.

14. That I / he / she was immunized in the name ofA copy of the immunization card is attached hereto and marked.....for identification.

15. That I / he / she acquired a tax registration number (TRN) in the name of A copy of which is attached hereto and marked.....for identification.

16. That I / he / she acquired identification card.....
No.....in name of A
copy of which is attached hereto and marked.....for identification.

17. That I / he / she got married in the name of A copy of the marriage certificate is attached hereto and marked.....for identification.

18. That I / he / she has/have.....(number of children), namely.....
.....
.....
.....
..... all in the name of
.....
..... A copy of each birth certificate is marked..... and attached.

19. That I / he / she acquired(number of passport(s)) in the name The

last one as recently as.....Passport #.....The first pages of these passports are attached.

20. That I / he / she purchased a piece of property in the name ofA copy of this title is attached hereto and marked.....for identification.

21. That I / he / she receive(s) utility bills in the name ofA copy of the (light/water/cable/telephone) bill is attached hereto and marked.....for identification.

22. That I / he / she did a deed poll to change the name reflected on the birth certificate to A copy of this deed poll bearing liber new series.....and folio number is attached hereto and marked.....for identification.

23. Thatas appear on birth registration form bearing entry number.....and.....
.....as appear on the documents mentioned above are one and the same person.

24. That the reason(s) accounting for the variation of the child's name is.....
.....
.....
.....
.....

25. That the reason(s) for the delay in securing the entry of Name(s) within the specified period following the occurrence of the child's birth is.....
.....
.....
.....
.....
.....

26. That is the child born to mother
named.....

The names, dates of birth and places of birth of the other children born to said mother and their birth entry numbers are:

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:

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 _____

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



Note: Form of certificate of naming to be signed by the father, mother or guardian of the child, or other person procuring the name of the child to be given or altered, to be delivered to the Registrar. (Section 20 (3))

Form K

THE REGISTRATION (BIRTHS AND DEATHS) ACT
CERTIFICATE OF NAME GIVEN NOT IN BAPTISM (CERTIFICATE OF NAMING)

This form is to be used only in cases where a child has not been baptized or where the baptismal record has been lost or destroyed. It should be filled up by the parent or guardian of the child, or other person procuring the name of the child to be given or altered.

For fee payable to the Registrar of Births and Deaths when this certificate is delivered to him, see over.

I Of

In the Parish of DO HEREBY CERTIFY THAT THE
(male or female)

Child of and
(Name of father) (Name of mother)

born on the day of 20..... at

in the Parish of and registered in the district of

on the day of 20....., has now (without being baptized)

received the name of

Witness my hand this day of 20

(Signature)

Whether Father,
Mother,
Guardian,
etc.

FOR USE ONLY BY THE REGISTRAR OF BIRTHS AND DEATHS

In cases where the Registrar still has in his possession the book containing the counterfoil of the birth registration form.

District letters Entry No Month of registration of birth

Name entered in *form and counterfoil Fee
*Counterfoil only

Date

Signature of Registrar

*Delete whichever does not apply.

.....

In cases where the book containing the counterfoil of the birth registration form is in the possession of the Registrar-General.

District letters Entry No Month of registration of birth

Fee

Date

Signature of Registrar