



THE BIRTHS AND DEATHS REGISTRATION ACT APPLICATION FORM

LATE REGISTRATION OF BIRTH APPLICATION

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

First Name of child	Middle Name(s)	Surname
Date of Birth (dd/ mm/ yyyy)		Sex of child: <input type="checkbox"/> Male <input type="checkbox"/> Female
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:

Detailed Statutory Declaration for Late Registration of Birth

"I, do solemnly and sincerely declare that:

1. The tracking number for this birth search application 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.....No
.....A copy of my identification card is attached hereto and marked.....for identification.

9. That I am the(state relationship) of.....(name of person to be registered).

10. That a hospital notification from.....(name of hospital) was obtained for the purpose of this application. A copy of this hospital notification is attached hereto and marked.....for identification.

11. That a notification letter from.....(name of registered midwife/name of clinic) was obtained for the purpose of this application. A copy of this notification is attached hereto and marked.....for identification.

COMPLETE NUMBER 12 FOR DNA CASES ONLY

12. That.....(Mother) is the biological mother of.....(Child). This is established by a DNA results along with the supporting documents obtained from the lab indicating the identity of the parties who did the test. A copy of this result and supporting documents are attached hereto and marked.....for identification.

13. That the mother using the names.....,as reflected on..... is one and the same person (if applicable)

14. That the child using the names.....,as reflected on..... is one and the same person (if applicable)

15. That the reason(s) accounting for the delay in registering the birth of the child is.....

16. That the child in question was born at..... whose date of birth is to mother and father.....

17. That the first basic or primary school for the child in question wasA copy of this school record or letter is attached hereto and marked.....for identification.

18. That the marital status of the child is.....

19. That the marital status of the child's parents is.....

20. That the name, date of birth and place of birth of the other children born to mother and the birth entry numbers are:

Name	Date of birth	Place of birth	Birth Entry No.

21. That but for paragraphs 1-9, the information contained in paragraphsare information that I was informed and duly believed to be factual.

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

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At)

In the parish of)

This day of 20)

In the presence of)

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.....)

Declarant's Signature

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**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: ____/____/____ **Sex:** ☐ Male ☐ Female
Day Month Year

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

**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)

_____, 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



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 Whether Father,

Witness my hand this day of 20 Mother,
Guardian,
etc.

(Signature)

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