



**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

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):  ____ Driver's licence ____ Passport ____ Visa ____ Other	Telephone number: _____ (cell) ____ (home) _____ (work)
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Signature of Applicant:	Date of Application:
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## 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 am .....years 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 was .....A 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:

21. That but for paragraphs 1-9, the information contained in paragraphs .....are 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**

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**Parish /State/Province**

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**Date**



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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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 \_\_\_\_\_  
(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,  
..... (Signature) ..... } 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*