



## THE BIRTHS AND DEATHS REGISTRATION ACT

### ADDITION OF FATHER'S PARTICULARS (STATUS) 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:



# STATUS

Form PATAC  
Rev. 12/98  
(Front)

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## GOVERNMENT OF JAMAICA REGISTRAR GENERAL'S DEPARTMENT

### STATUS OF CHILDREN ACT, 1976

Instrument Executed in Accordance with Provisions of Section 8 (12)  
(Acknowledgement of Paternity)

Except for Signatures, Please PRINT All Information in BLOCK CAPITAL LETTERS.

#### MOTHER'S DECLARATION

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

Mother's Address \_\_\_\_\_  
Street or District \_\_\_\_\_ Parish \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Day Month Year

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

Place \_\_\_\_\_  
Hospital Name or Home Address \_\_\_\_\_

of BIRTH: \_\_\_\_\_  
Parish \_\_\_\_\_ District \_\_\_\_\_

Place of Registration \_\_\_\_\_  
Parish \_\_\_\_\_ District \_\_\_\_\_

Date of Registration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Registration (Entry)  
Day Month Year Number: \_\_\_\_\_

I, the undersigned, do solemnly declare and affirm that I did give birth to the abovementioned child on the date so indicated, and, further, do solemnly and sincerely declare the father of the said child to be:

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

\_\_\_\_\_  
Mother's Signature Date

NOTE: See Reverse For Officials who may Witness this Declaration.

Taken and acknowledged before me

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(FATHER'S ACKNOWLEDGEMENT ON REVERSE)

NOT TO BE SOLD

FATHER'S ACKNOWLEDGEMENT

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

Father's  
Address \_\_\_\_\_  
Street or District \_\_\_\_\_ Parish \_\_\_\_\_

I, the undersigned, do hereby acknowledge and admit that I am the father of the child named on the reverse of this page, and born to the said mother on the date stated.

\_\_\_\_\_  
*Father's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

NOTE: See below for Officials who may Witness this Acknowledgement.

Taken and acknowledged before me

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

OR

Age (in years) at time of birth of the child: \_\_\_\_\_

Father's Place of Birth: \_\_\_\_\_  
Street or District \_\_\_\_\_ Parish \_\_\_\_\_

Father's Residence at time of the birth of the child: \_\_\_\_\_  
Street or District \_\_\_\_\_ Parish \_\_\_\_\_

Father's Occupation at the time of birth of the child: \_\_\_\_\_

NOTE: If Declarants are **RESIDENT IN JAMAICA**, this document must be signed in the presence of one of the following officials:

1. Attorney-at-Law
2. Justice of the Peace
3. Clerk of the Courts
4. Registered Medical Practitioner
5. Minister of Religion
6. Marriage Officer
7. Midwife
8. Principal or Headmaster of Defined Public Education Institution

If Declarants are **RESIDENT OUTSIDE OF JAMAICA**, this document must be executed before a **NOTARY PUBLIC, COMMISSIONER OF OATHS**, or the equivalent official, who must affix his/her seal.