



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:	
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 PATA
Rev. 12/98
(Front)

2/2

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: _____ / _____ / _____
Day Month Year Sex: _____ Male _____ Female _____

Child's _____
Names Christian (First) _____ Middle _____ Surname _____

Place _____ of _____ Hospital Name or Home Address _____

BIRTH: _____ Parish _____ District _____
Parish _____ District _____

Place of _____
Registration Parish _____ District _____
Date of Registration: _____ / _____ / _____
Day Month Year Registration (Entry) 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)

SOLD

BE

TO

NOT

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.