

THE BIRTHS AND DEATHS REGISTRATION ACT

CORRECTION OF ERROR (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):	Telephone number: _____ (cell)
_____ Driver's licence _____ Passport _____ Visa	_____ (home) _____ (work)
_____ Other	_____
Signature of Applicant:	Date of Application:
_____	_____



Statutory Declaration Form for Correction of Error (Declarant 1)

This Declaration is made to correct an error on a **BIRTH Certificate**.

This certificate belongs to: _____
(State full name here)

Date of Birth: _____ / _____ / _____
Day Month Year

Registration Birth Entry Number: _____

Place of REGISTRATION: _____
Parish District

Where is the error located on the certificate (line #)?	What is the error?	What should the correction be?

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



Statutory Declaration Form for Correction of Error
(Declarant 2)

This Declaration is made to correct an error on a **BIRTH Certificate**.

This certificate belongs to: _____
(State full name here)

Date of Birth: _____ / _____ / _____
Day Month Year

Registration Birth Entry Number: _____

Place of REGISTRATION: _____
Parish District

Where is the error located on the certificate (line #)?	What is the error?	What should the correction be?

State the reasons for the error:

[Empty rectangular box for stating reasons for the error]

That I wish to amend any other errors cited by the Registrar General's Department(RGD) after discussion with RGD. Yes No

Full Name of Declarant:.....

Address of Declarant.....

.....

Declarant's Relationship to the individual.....Age.....

[Taxpayer Registration Number (TRN) grid with 11 columns and 2 rows, containing dashes in the 4th and 7th columns]

.....
ID Type attached

[Taxpayer Registration Number (TRN)]

.....
ID No.

Contact# _____ Email Address: _____

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)

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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



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

