



GOVERNMENT OF JAMAICA

REGISTRAR GENERAL'S DEPARTMENT
CORRECTION OF ERROR OF FACT

1/7

An application for Correction of Error is acceptable when:

- A joint Statutory Declaration is completed setting out the nature of the error, the correction required and signed by two declarants in the presence of a Justice of the Peace.
 - Documentary evidence is submitted to substantiate the correction. e.g. Passport, School Record, National Identification, Marriage, etc.
 - Fees are paid.
 - A completed birth application form is attached.
-

SOLD

BE

TO

NOT



CE Nº 0029352

Form SCHADM
Rev. 12/98

4/7

GOVERNMENT OF JAMAICA
REGISTRAR GENERAL'S DEPARTMENT
SCHOOL ADMISSION RECORD

Used By School Officials 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.

This is a Copy of the Information Contained in the Official School Admission Register:Child's _____
Names Christian (First) Middle Surname

Date of BIRTH: _____ / _____ / _____ Sex (Tick One): _____ Male

Date of ADMISSION: _____ / _____ / _____ _____ Female

Parent/
Guardian _____
Names Christian (First) Middle SurnameI certify that the above particulars were extracted from the School Admission Register of the _____
_____ School,located at _____ in the parish of _____
Street Address or District_____
*Signature of Principal or
Head Teacher*_____
Date

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.

SOLD
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TO
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GOVERNMENT OF JAMAICA
 REGISTRAR GENERAL'S DEPARTMENT
 STATUTORY DECLARATION

CE No 0029352

Form JTSTDEC
 Rev. 12/98
 (Front)

(To Correct Error of Fact or Substance In a Birth, Death or Marriage Register.)

5/7

Please PRINT All Information in BLOCK CAPITAL LETTERS. The more information provided, the better the chances for prompt, accurate service.

This Declaration is made to correct an error (described on the reverse) in the _____
 (Birth, Death, Marriage)

Registration concerning the following:

Individual's Names _____
 Christian (First) Middle Surname

Date of Birth, Death or Marriage: _____ / _____ / _____
 Day Month Year

Date of REGISTRATION: _____ / _____ / _____ Registration Entry Number: _____
 of Event Day Month Year

Register Book: _____

Place of REGISTRATION: _____
 Parish District

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 Names _____
 Christian (First) Middle Surname

Street Address _____

Town _____ Parish _____

Relationship To Individual: _____ Age: _____

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 Names _____
 Christian (First) Middle Surname

Street Address _____

Town _____ Parish _____

Relationship To Individual: _____ Age: _____

SOLD
 BE
 TO
 NOT



GOVERNMENT OF JAMAICA

REGISTRAR GENERAL'S DEPARTMENT
THE REGISTRATION (BIRTHS AND DEATHS) ACT
Certified Copy of the Record of Infant Baptism (Form J)

6/7

SOLD

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*

BE

TO

NOT



GOVERNMENT OF JAMAICA
REGISTRAR GENERAL'S DEPARTMENT
LIST OF ALL CHILDREN BORN TO MOTHER

FOR RGD USE File Number: _____

CE No 0029352

Form CHLST
Rev. 12/98
(Front)

7/7

SOLD

(To be completed and attached to Application for Registration of Birth, Declaration of Late Entry of Naming, or other forms, as necessary).

Please PRINT All Information in BLOCK CAPITAL LETTERS. The more information provided, the better the chances for prompt, accurate service.

Mother's Names

Christian (First)

Middle

Surname

BE

CHILD'S NAMES

Christian (First)

Middle

Surname

DATE OF BIRTH
Day/Month/Year

SEX
M or F

PLACE OF BIRTH
(Hospital Name or Street
or District)

REGISTRATION
DISTRICT AND
NUMBER

REMARKS

TO

NOT