



GOVERNMENT OF JAMAICA

1/8

REGISTRAR GENERAL'S DEPARTMENT
LATE ENTRY OF NAME

SOLD

An application for Late Entry of Name is acceptable when the following are in place:

- A Statutory declaration is completed by the mother (father or relative, if mother is deceased) stating why child's name was not entered within twelve (12) months of birth and signed in the presence of a Justice of the Peace.
- A Certificate of Naming is completed by the same person completing declaration.
- Baptismal Record from the Church where christening took place in the 1st year of birth.
- School Record from the 1st Primary School attended.
- Birth application form completed.
- Fees paid.

BE

TO

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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 Surname

I 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
BE
TO
NOT



GOVERNMENT OF JAMAICA

REGISTRAR GENERAL'S DEPARTMENT

STATUTORY DECLARATION FOR LATE RECORDING OF BIRTH OR DEATH
OR FOR LATE ENTRY OF NAME

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

PURPOSE OF THIS DECLARATION (Tick One):

 Late Recording of BIRTH Late Recording of DEATH Late Entry of NAME

Section 1: (Must be Completed for ALL Purposes)

Date of Birth or Death: _____ / _____ / _____
Day Month YearPlace of _____
of Hospital, Home or Other LocationBirth or _____
Death Parish DistrictIndividual's Names: _____
Christian (First) Middle Surname

Section 2: (To be Completed ONLY if Purpose is Late Entry of NAME)

Date of Registration: _____ / _____ / _____ Registration (Birth Entry) Number: _____
Day Month YearPlace of Registration: _____
Parish District

Section 3: (Must be Completed for ALL Purposes)

Reason(s) for the delay in effecting the registration of the Birth or Death, or in securing the entry of Name(s) within the specified period following the occurrence of the birth.

CONTINUED ON REVERSE

SOLD

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Section 4: (Must be Completed for ALL Purposes)

D E C L A R A T I O N	Names _____	_____	_____
	Christian (First)	Middle	Surname
	Street Address _____		
	Town _____	Parish _____	
	Relationship to Individual: _____		Age: _____

I, the undersigned, do solemnly and sincerely make this declaration conscientiously believing the information on the reverse to be true, by virtue of the provisions of Cap. 379 of the Voluntary Declaration Law.

Declarant's Signature: _____ Date: _____

Taken and acknowledged before me.

Full Name of Justice of the Peace: _____

for the Parish of _____

Signature of Justice of the Peace

Date



Stamp and Seal of Justice of the Peace



GOVERNMENT OF JAMAICA
REGISTRAR GENERAL'S DEPARTMENT
(CERTIFICATE OF NAMING—FORM K)

(To Be Completed by a child's PARENT or GUARDIAN to Establish a Name on the record for the child).

Please PRINT All Information In BLOCK CAPITAL LETTERS to avoid errors and to speed processing.

I hereby apply for the stated names to be entered on the Birth Registration Form for the identified child.

Declarant's Names _____
Christian (First) Middle Surname

Declarant's Relationship to Child: _____

Declarant's Signature _____

Date _____

PARTICULARS OF CHILD'S BIRTH:

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

Sex: _____ Male

_____ Female

Place _____
Hospital Name or Home Address

of BIRTH: _____
Parish District

Place of Registration: _____
Parish District

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

Registration (Birth Entry)
Number: _____

Mother's Names _____
Christian (First) Surname Surname before Marriage

Father's Names _____
Christian (First) Middle Surname

CHILD TO BE NAMED:

Christian (First) Middle Surname

SOLD

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GOVERNMENT OF JAMAICA

Form BAPREC
Rev. 12/98

7/8

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

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