

GOVERNMENT OF JAMAICA  
REGISTRAR GENERAL'S DEPARTMENT  
APPLICATION FOR RE-REGISTRATION OF A BIRTH

(Used in the event of the marriage of a child's **natural** parents subsequent to its birth).

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

I hereby apply for the Re-registration of the following child, and request \_\_\_\_\_ copies of the Re-registration Certificate.  
number

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

Date of BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Day Month Year

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

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

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

Place of REGISTRATION \_\_\_\_\_  
Parish \_\_\_\_\_ District \_\_\_\_\_

Mother's Names \_\_\_\_\_  
Christian (First) \_\_\_\_\_ Surname \_\_\_\_\_ Surname Before Marriage \_\_\_\_\_

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

Date of Marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Place (Church Name, Home Address, etc.) of Marriage: \_\_\_\_\_

\_\_\_\_\_  
Street or District \_\_\_\_\_ Parish \_\_\_\_\_

Marriage Officer's Name: \_\_\_\_\_

Number of Children of Whom This Mother and Father were Parents before Marriage: \_\_\_\_\_. IF THESE CHILDREN ARE ALSO TO BE RE-REGISTERED, Complete "Additional Registrations" Section on Reverse.

COMPLETE APPLICANT INFORMATION ON REVERSE!

SOLD

BE

TO

NOT

Re-registration  
Applicant's \_\_\_\_\_  
Names Christian (First) Middle Surname

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Parish \_\_\_\_\_

Applicant's Relationship To Child: \_\_\_\_\_

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Additional Re-registrations (Brothers/Sisters to Child on Reverse)

1.

Christian Name	Middle Name	Day	Month of Birth	Year	Sex
Surname	District of Birth	Parish of Birth	Registration (Entry) No.		

2.

Christian Name	Middle Name	Day	Month of Birth	Year	Sex
Surname	District of Birth	Parish of Birth	Registration (Entry) No.		

3.

Christian Name	Middle Name	Day	Month of Birth	Year	Sex
Surname	District of Birth	Parish of Birth	Registration (Entry) No.		

4.

Christian Name	Middle Name	Day	Month of Birth	Year	Sex
Surname	District of Birth	Parish of Birth	Registration (Entry) No.		

If Additional Children are to be Re-registered, Tick This Box.  And Attach a Copy of the Form "List of All children Born to Mother"