# Correction of Error Application Form (Birth)

## The Births and Deaths Registration Act

### Correction of Error (Birth) Application

I need [ ] (# of copies) of the BIRTH certificate for the following individual:

<table>
<thead>
<tr>
<th>First Name of Child</th>
<th>Middle Name(s)</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sex of Child: [ ] Male [ ] Female

Date of Birth (dd/ mm/ yyyy)

Place of Birth (Hospital Name or Home Address) (Parish of Birth) (District of Birth)

Birth entry number Date of Registration (dd/ mm/ yyyy)

<table>
<thead>
<tr>
<th>First Name of Mother</th>
<th>Middle Name(s)</th>
<th>Surname</th>
<th>(Maiden Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name of Father</th>
<th>Middle Name(s)</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Applicant’s Information

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>TRN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address/ Town/City, Zip Code, Country:

<table>
<thead>
<tr>
<th>Relationship to individual:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for applying (please tick):  

- [ ] Driver’s licence
- [ ] Passport
- [ ] Visa
- [ ] Other

Telephone number: __________________________ (cell)  
________________________ (home) __________________________ (work)

Signature of Applicant: Date of Application:  

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Correction of Error Application Form (Birth) @ February 2018
**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

<table>
<thead>
<tr>
<th>Where is the error located on the certificate (line #)?</th>
<th>What is the error?</th>
<th>What should the correction be?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State the reasons for the error:

That I wish to amend any other errors cited by the Registrar General’s Department (RGD) after discussion with RGD.  

Full Name of Declarant:______________________________

Address of Declarant:______________________________

Declarant’s Relationship to the individual:__________________ Age:____

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)

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: __________________________________________

<table>
<thead>
<tr>
<th>Parish</th>
<th>District</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Where is the error located on the certificate (line #)?</th>
<th>What is the error?</th>
<th>What should the correction be?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State the 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:…

-----------------------------------------------------------------------------------------------
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)

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
DECLARATION BASED ON SCHOOL ADMISSION RECORD

Used by SCHOOL OFFICIALS ONLY 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.

Child’s Name: ___________________________     ____________________________   __________________________

First                                                         Middle                                                 Surname

Date of Birth: _________/________/__________     Sex:  O Male   O Female

Day                   Month                   Year

Date of Admission: _________/________/__________     Index No. ___________

Day                   Month                   Year

Parent/ Guardian
Names:__________________________     ____________________________   __________________________

First                                                         Middle                                                 Surname

I ___________________________ certify that the above particulars were extracted EXACTLY from the

School’s Admission Register of the ___________________________ School

(formerly known as ___________________________), located at ___________________________

(Street Address of District)

in the parish of _________________.

WARNING: IT IS A CRIMINAL OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF AN APPLICATION TO THE REGISTRAR GENERAL’S DEPARTMENT.

I hereby sign to the above details, acknowledging that the information given is correct to the best of my

knowledge and belief.

__________________________________     _______________________________ Date

Signature of Principal or Head Teacher

School’s contact number(s): ___________________________

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.
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

Correction of Error Application Form (Birth) @ February 2018
GOVERNMENT OF JAMAICA
REGISTRAR GENERAL’S DEPARTMENT
LIST OF ALL CHILDREN BORN TO MOTHER

(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.

<table>
<thead>
<tr>
<th>CHILD's NAMES</th>
<th>DATE OF BIRTH Day/Month/Year</th>
<th>SEX M or F</th>
<th>PLACE OF BIRTH (Hospital Name or Street or District)</th>
<th>REGISTRATION DISTRICT AND NUMBER</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian (First)</td>
<td>Middle</td>
<td>Surname</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>