# ADDITION OF FATHER’S PARTICULARS (STATUS) 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>
</table>

Sex of Child: [ ] Male [ ] Female

Date of Birth (dd/ mm/ yyyy)

<table>
<thead>
<tr>
<th>Place of Birth (Hospital Name or Home Address)</th>
<th>(Parish of Birth)</th>
<th>(District of Birth)</th>
</tr>
</thead>
</table>

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>
</table>

First Name of Father

<table>
<thead>
<tr>
<th>Middle Name(s)</th>
<th>Surname</th>
</tr>
</thead>
</table>

## APPLICANT’S INFORMATION

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

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

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

<table>
<thead>
<tr>
<th>Reason for applying (please tick):</th>
<th>Telephone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver’s licence</td>
<td>Passport</td>
</tr>
<tr>
<td></td>
<td>(cell)</td>
</tr>
</tbody>
</table>

| | (home) | (work) |

Signature of Applicant:

Date of Application:

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*Addition of Father’s Particulars (Status) Application Form @ February 2018*
GOVERNMENT OF JAMAICA
REGISTRAR GENERAL'S DEPARTMENT
STATUS OF CHILDREN ACT, 1976
Instrument Executed in Accordance with Provisions of Section 8 (12)
(Acknowledgement of Paternity)

Except for Signatures, Please PRINT All Information in BLOCK CAPITAL LETTERS.
MOTHER'S DECLARATION

Mother's Names
Christian (First) __________________________  Middle __________________________  Surname __________________________

Mother's Address
Street or District __________________________

Child's Date of Birth: __________/_________/________
Day Month Year __________________________

Sex: __________ Male __________________________
Female

Child's Names
Christian (First) __________________________  Middle __________________________  Surname __________________________

Place of Birth:
Hospital Name or Home Address __________________________

Place of Registration
Parish __________________________
District __________________________

Date of Registration: __________/_________/________
Day Month Year __________________________

Registration (Entry) Number: __________________________

I, the undersigned, do solemnly declare and affirm that I did give birth to the abovementioned child on the date so indicated, and, further, do solemnly and sincerely declare the father of the said child to be:

Father's Names
Christian (First) __________________________  Middle __________________________  Surname __________________________

__________________________  __________________________
Mother's Signature  Date

NOTE: See Reverse For Officials who may Witness this Declaration.
Taken and acknowledged before me

Name: __________________________
Title: __________________________
Address: __________________________
Signature: __________________________  Date: __________________________

(FATHER'S ACKNOWLEDGEMENT ON REVERSE)
FATHER’S ACKNOWLEDGEMENT

Father’s Names ___________________ Christian (First) ___________________ Middle ___________________ Surname ___________________

Father’s Address ___________________ Street or District ___________________ Parish ___________________

I, the undersigned, do hereby acknowledge and admit that I am the father of the child named on the reverse of this page, and born to the said mother on the date stated.

Father’s Signature ___________________ Date ___________________

NOTE: See below for Officials who may Witness this Acknowledgement.

Taken and acknowledged before me

Name: ____________________________

Title: ____________________________

Address: __________________________

Signature: _______________________ Date: ________________

Father’s Date of Birth: ___________/_________/_________

Day Month Year

OR

Age (in years) at time of birth of the child: __________________________

Father’s Place of Birth: __________________________ Street or District __________________________ Parish __________________________

Father’s Residence at time of the birth of the child:

Street or District __________________________ Parish __________________________

Father’s Occupation at the time of birth of the child: __________________________

NOTE: If Declarants are RESIDENT IN JAMAICA, this document must be signed in the presence of one of the following officials:

1. Attorney-at-Law
2. Justice of the Peace
3. Clerk of the Courts
4. Registered Medical Practitioner
5. Minister of Religion
6. Marriage Officer
7. Midwife
8. Principal or Headmaster of Defined Public Education Institution

If Declarants are RESIDENT OUTSIDE OF JAMAICA, this document must be executed before a NOTARY PUBLIC, COMMISSIONER OF OATHS, or the equivalent official, who must affix his/her seal.