



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

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REGISTRAR GENERAL'S DEPARTMENT
TWICKENHAM PARK,
SPANISH TOWN P.O.,
JAMAICA, W.I.

2/7

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TO:

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Re: Correction of Error.....

With reference to your application of the in connection with the abovementioned matter, I send you herewith the necessary forms to be completed as follows:—

- (a) A Joint Statutory Declaration is to be made on the prescribed form by *two* qualified persons, stating the nature of the error to be corrected, and the cause of the delay in having the correction made. The Declaration is to be signed by both declarants in the presence of a Justice of the Peace.
- (b) A Baptismal Record may be obtained from the Minister who is now in charge of the Church where.....
..... was baptised in early infancy.
- (c) The School Record Form must be completed by the *present Head Teacher* of the *First Primary School* attended and the required particulars must be taken from the Admission Register. If there are no records available, letters to that effect must be submitted by the Minister and the Teacher.

.....
for Chief Executive Officer

GOVERNMENT OF JAMAICA
REGISTRAR GENERAL'S DEPARTMENT
AN EXECUTIVE AGENCY SINCE APRIL 1999



APPLICATION FOR BIRTH CERTIFICATES

Please use **BLOCK CAPITAL LETTERS**

The more information provided, the better the chance for prompt and accurate service.

I NEED of the birth certificate for the following individual:

of COPIES

FIRST NAME				MIDDLE NAME				LAST NAME			
HOSPITAL NAME OR HOME ADDRESS											
PARISH OF BIRTH											
DISTRICT OF BIRTH											

DATE OF BIRTH:

D	M	Y			

BIRTH REGISTRATION #

SEX

MALE

FEMALE

DATE OF REGISTRATION

D	M	Y			

MOTHER'S NAME

FIRST NAME				MIDDLE NAME				LAST NAME			

MOTHER'S MAIDEN NAME

--	--	--	--	--	--	--	--	--	--	--	--

FATHER'S NAME

FIRST NAME				MIDDLE NAME				LAST NAME			

NOT TO BE SOLD

APPLICANT'S NAME

FIRST NAME				MIDDLE NAME				LAST NAME			

SIGNATURE

--	--	--	--	--	--	--	--	--	--	--	--

STREET ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--

TAX REGISTRATION #

--	--	--	--	--	--

TOWN/CITY

--	--	--	--	--	--	--	--	--	--	--	--

OTHER ID #

--	--	--	--	--	--

PARISH/STATE/PROVINCE	COUNTRY	POSTAL/ZIP CODE

APPLICANT'S RELATIONSHIP TO CHILD

TEL (H)#

--	--	--	--	--	--

 CELL#

--	--	--	--	--	--

TEL (W)#

--	--	--	--	--	--

 EMAIL

--	--	--	--	--	--	--	--	--	--

REASONS FOR APPLYING

SCHOOL PASSPORT VISA DRIVER'S LICENCE OTHER _____

DATE OF APPLICATION

D	M	Y			

PLEASE SPECIFY

FOR USE BY RGD ONLY

DATE	RECORD LOCATED	EXAMINED	ENTERED	APPROVED	PRINTED	DELIVERED
BY						



CE No 0029951

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 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
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TO
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REGISTRAR GENERAL'S DEPARTMENT

Form JTSTDEC
Rev. 12/98
(Front)

STATUTORY DECLARATION

(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

-----*

D
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N
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Names _____
Christian (First) Middle Surname

Street Address _____

Town _____ Parish _____

Relationship To Individual: _____ Age: _____

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N
T
Names _____
Christian (First) Middle Surname

Street Address _____

Town _____ Parish _____

Relationship To Individual: _____ Age: _____

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DESCRIPTION OF ERROR TO BE CORRECTED (State which item(s) are in error, what the error(s) is/are, and state the correct information that should be included in the amended record. PLEASE PRINT IN BLOCK CAPITAL LETTERS)

Lined area for describing errors to be corrected.

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

First Declarant's Signature: _____ Date: _____

Second 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
THE REGISTRATION (BIRTHS AND DEATHS) ACT
Certified Copy of the Record of Infant Baptism (Form J)

6/7

SOLD

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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*



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

FOR RGD USE File Number: _____

CE No 0029951
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

CHILD'S NAMES			DATE OF BIRTH	SEX	PLACE OF BIRTH	REGISTRATION	REMARKS
Christian (First)	Middle	Surname	Day/Month/Year	M or F	(Hospital Name or Street or District)	DISTRICT AND NUMBER	

NOT

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