GOVERNMENT OF JAMAICA

REGISTRAR GENERAL’S DEPARTMENT

LATE ENTRY OF NAME

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.
Sir/Madam,

Re: Late Entry of Name

I refer to the application in connection with the birth record and forward herewith a set of forms to be completed and returned to this office with the sum of ..........................................................

The Form of Statutory Declaration must be completed by mother or failing her, by someone at least ten years older than ............................................................and who knows of the circumstances surrounding the birth. The declarant must state his or her age, and relationship to ............................................................full name the exact date, month, year, district and parish of............................................................birth, the reason why the full name was not added to the record within one year of the date of registration, and the cause of the delay in securing entry on the record before now. This form must be signed in the presence of a Justice of the Peace by the declarant.

The Form of Certificate of Naming must be completed and signed by the same person who makes the above declaration, and............................................................full name must be entered in the space provided.

The Baptismal Record Form must be completed by the present Minister of the Church at which............................................................was baptised in infancy and the required particulars must be taken from the Church Baptismal Register.

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 a letter to that effect must be submitted by the Minister and the Teacher.

Kindly submit a list of all the children (alive or dead) born to............................................................mother, giving the full name, the district, parish and approximate year of the birth of each child.

IMPORTANT
It is compulsory that the declarant state in his or her declaration the following:
His or her age and relationship to the party in question.
Full name of the party in question.
Full names of the parents of the party in question.
The district, parish and approximate date of birth of the party in question, why no steps were taken before now to have late entry of name effected.

Yours faithfully,

............................................................
for Chief Executive Officer.
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:

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MOTHER'S NAME

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MOTHER'S MARRIED NAME

FATHER'S NAME

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

APPLICANT'S NAME

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

STREET ADDRESS

TOWN/CITY

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

FOR USE BY RGD ONLY

REMARKS

[ ] RECORD LOCATED  [ ] EXAMINED  [ ] SUSPENDED  [ ] ACKNOWLEDGED  [ ] POSTED  [ ] DELIVERED

DATE

BY
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 Date
Head Teacher

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.
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       Year

Place of Birth or Death: ____________________________
Hospital, Home or Other Location

Parish

District

Individual’s Names: ____________________________
Christian (First)            Middle            Surname

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

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

Registration (Birth Entry) Number: ____________________________

Place 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
Section 4: (Must be Completed for ALL Purposes)

Declaring Person:

Full Name: __________________________________________________________________________
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

LEN NO 0039953
Form CERNAR Rev. 12/98 6/8
Government of Jamaica

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)

I certify, 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
<table>
<thead>
<tr>
<th>Remarks</th>
<th>Number</th>
<th>District and Registration District and (Hospital Name of Street) Place of Birth</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Father's Name</th>
<th>Mother's Name</th>
<th>Christian (Frist)</th>
<th>Middle</th>
<th>Christian (First)</th>
<th>Mother's Name</th>
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Please print all information in block capital letters. The more information provided, the better the chances for prompt, accurate service.

To be completed and attached to application for registration of birth, declaration of late entry of names, or other forms as necessary.

LIST OF ALL CHILDREN BORN TO MOTHER

REGISTRAR GENERAL'S DEPARTMENT

GOVERNMENT OF JAMAICA

LEN No 00399953

E/E

Form 1268

Rev 12/98

FROM CHILDB