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.

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) Number: ____________________

Day Month Year

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!
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)

<table>
<thead>
<tr>
<th>Christian Name</th>
<th>Middle Name</th>
<th>Day  Month  Year</th>
<th>Sex</th>
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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”