



Form REREG
Rev. 12/98
(Front)

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.
number

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)
Day Month Year Number: _____

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!

SOLD
BE
TO
NOT

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)

1.

Christian Name	Middle Name	Day	Month of Birth	Year	Sex
Surname	District of Birth	Parish of Birth	Registration (Entry) No.		

2.

Christian Name	Middle Name	Day	Month of Birth	Year	Sex
Surname	District of Birth	Parish of Birth	Registration (Entry) No.		

3.

Christian Name	Middle Name	Day	Month of Birth	Year	Sex
Surname	District of Birth	Parish of Birth	Registration (Entry) No.		

4.

Christian Name	Middle Name	Day	Month of Birth	Year	Sex
Surname	District of Birth	Parish of Birth	Registration (Entry) No.		

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"