

STATUS No 0108902

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



APPLICATION FOR BIRTH CERTIFICATES

1/2

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

MOTHER'S NAME

FIRST NAME				MIDDLE NAME				LAST NAME			

MOTHER'S MAIDEN NAME

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

DATE OF REGISTRATION

D	M	Y			

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						



STATUS No 0108902

Form PATAC
Rev. 12/98
(Front)

2/2

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 Parish

Child's Date of Birth: ____/____/____ Sex: ____ Male ____ Female
Day Month Year

Child's Names _____
Christian (First) Middle Surname

Place _____
Hospital Name or Home Address

of BIRTH: _____
Parish District

Place of Registration _____
Parish District

Date of Registration: ____/____/____ Registration (Entry)
Day Month Year 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)

SOLD
BE
TO
NOT

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.