



**Government of Jamaica  
Registrar General's Department  
Status of Childrens Act – 1976**

**Form PATAC  
Rev. 2000.1**

Instrument Executed in Accordance with Provisions of Section 8 (12)  
**(Acknowledgement of Paternity)**

**Page 1 of 2**

NOT TO BE SOLD

Please Print All Information In <b>BLOCK CAPITAL LETTERS</b> . The more information provided, the better the chance for prompt and accurate service.			
<b>Mothers Declaration</b>			
Mothers First (Christian) Name		Mothers Middle Name	
Mothers Surname			
Mothers Address (Street)			
Mothers Address (Town)		Mothers Address (Parish)	
Child's First Name	Child's Middle Name		Child's Surname
Date of Birth (dd/mm/yyyy)		Sex (Circle appropriately)	
Day	Month	Year	<input type="radio"/> Male <input type="radio"/> Female
Place of Birth (Hospital Name or Home Address)			
Parish of Birth		District of Birth	
Date of Registration		Registration (Birth Entry) Number	
Day	Month	Year	
Place of Registration (Parish)		Place of Registration (District)	
<b><i>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:</i></b>			
Fathers Christian (First) Name		Fathers Middle Name	
		Fathers Surname	
Mothers Signature		Date	
		Day                      Month                      Year	
<b>NOTE: Second Page For Officials who may Witness this Declaration.</b>			
Name			
Title			
Address			
Signature		Date	

**Form PATAC, Rev. 2000.1, Page 2 of 2**

Child's First Name	Child's Middle Name	Child's Surname
Date of Birth (dd/mm/yyyy)  <i>Day</i> <i>Month</i> <i>Year</i>		Sex (Circle appropriately)  <i>Male</i> <i>Female</i>

**Fathers Declaration**

Fathers First (Christian) Name	Fathers Middle Name	Fathers Surname
--------------------------------	---------------------	-----------------

Fathers Address (Street)
--------------------------

Fathers Address (Town)	Fathers Address (Parish)
------------------------	--------------------------

***I, the undersigned, do hereby acknowledge and admit that I am the father of the child named on page 1 of this form, and born to the said mother on the date stated.***

Fathers Signature	Date  <i>Day</i> <i>Month</i> <i>Year</i>
-------------------	---

**NOTE: See Below For Officials who may Witness this Declaration.**

Name
------

Title
-------

Address
---------

Signature	Date
-----------	------

Fathers Date of Birth (dd/mm/yyyy)  <i>Day</i> <i>Month</i> <i>Year</i>	Fathers age (in years) at time of birth of Child
---	--

Fathers Place of Birth (District)	Fathers Place of Birth (Parish)
-----------------------------------	---------------------------------

Fathers Residence at time of birth of child (Street or District)
--

Fathers Residence at time of birth of child (District)	Fathers Residence at time of birth of child (Parish)
--	--

Fathers Occupation at time of birth of 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                 | 5. Minister of Religion  |
| 2. Justice of the Peace            | 6. Marriage Officer  |
| 3. Clerk of Courts                 | 7. Midwife   |
| 4. Registered Medical Practitioner | 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.