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!

(Left margin, vertical text): 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

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Additional Re-registrations (Brothers/Sisters to Child on Reverse)
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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"**