Pensions Administration Branch

**Statutory Declaration of Birth**

**for Deceased Person**

**INSTRUCTIONS:**

1. This form is to be completed in **BLOCK CAPITALS** using black or blue ink.
2. Tick (✓) boxes where applicable.
3. Please read the instructions overleaf before completing this form.

**Date**:

I *Full name of Declarant* do solemnly and sincerely declare that  *Title (Mr/Mrs) Full Name of Deceased* formerly a/an  *Occupation of Deceased* was born on *Deceased Date of Birth*

I make this solemn declaration believing the same to be true and by virtue of the Voluntary Declarations Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Declarant***

**Relationship of deceased to declarant:**

**Father Mother Guardian**

**Other** *(Please State)* Relationship to Deceased

**Witness**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Taken and acknowledged this | | |  | | | day of |  | | | | **20** |  | before me | |
|  | | | [Day] | | |  | [Month] | | | | [Year] | |  |  |
|  | |  |  | | | |  |  | | | | | | |
| [First Name] | |  | [Middle Name (s)] | | | |  | [Last Name] | | | | | | |
| Justice of the Peace/Notary Publicin the Parish/State/Province of | | | | | | |  | | | | | | | |
|  | | | | | | | [Parish/State/Province]  Stamp or Seal here | | | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Witness***

*(Justice of the Peace/Notary Public)*

**Information Guide**

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| --- | --- |
| **When to use this form** | This form may be used by someone known to the deceased person to provide evidence of date of birth for the deceased.  This form can be used together with a Birth Certificate where the surname and/or father’s name is not present on the Birth Certificate for the deceased. |
| **Statutory Declaration** | A statutory declaration is a written statement that the declarant sign and declare to be true and correct in the presence of an authorised witness.  By signing it, you agree that the information in it is true. |
| **Witness** | An authorized person who is appointed to witness the signature of the declarant. An authorized witness in this instance is either a Justice of the Peace or Notary Public.  The section labelled “witness” on the form is to be completed by such authorized witness.  A statutory declaration under the Voluntary Declarations Act must be made (signed) before a person who is a Notary Public / Justice of the Peace. All declarations should be signed and bear the seal of the Notary Public/Justice of the Peace.  It should be noted that it is an offence to make a false declaration. |
| **Stamp/Seal** | The witness in all circumstances must affix his official stamp or seal to the document. |
| **Filling in this Form** | If not filling in this form electronically, please write in **BLOCK CAPITALS** using a **black** or **blue** inked pen.  Check that you have filled in all the relevant sections and that you have signed and dated the form. |

For more information you may contact the Pensions Administration Branch, Ministry of Finance and the Public Service at:

Switchboard: 876 922 8600

Direct lines: 876 932 5046 / 876 932 5047 / 876 932 5040 / 876 932 5272

Email: [pensionsclientservices@mof.gov.jm](mailto:pensionsclientservices@mof.gov.jm)

Query by way of letter maybe addressed to:

Senior Director, Pensions Administration

Ministry of Finance and the Public Service

30 National Heroes Circle

Kingston 4, Jamaica