

If you have any questions, please contact the
Office of the Registrar General
P.O. Box 4600, 189 Red River Road
Thunder Bay ON P7B 6L8
1-800-461-2156 or 416-325-8305 or Fax. 807-343-7459

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

Please PRINT clearly in blue or black ink.
In the context of this form, the word "Applicant" refers to the person completing this Request.
This may or may not be the 'Person Named on the Birth Certificate'.

Applicant's Name

First Name	Last Name
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Mailing Address

Organization / Firm (if applicable)			
Street No.	Street Name	Apt. No.	PO Box
City		Province	
Country	Postal Code	Telephone Number ()	Ext.

What Information are you Requesting and How much will it Cost?

- Birth Certificate (Short form) Not issued for deceased persons**
This includes basic information, such as name, date and place of birth
First birth certificate.....\$25.00 \$
Replacement birth certificate.....\$35.00 \$
- Certified Copy of Birth Registration (Long form)**
This contains all registered information, including parent's information and signatures.
It is provided in the form of a certified copy.
First certified copy of Birth Registration.....\$35.00 \$
Replacement certified copy of Birth Registration.....\$45.00 \$
- Search Letter**
This is a letter saying the record is or is not on file. If you don't know the exact date of the birth event, choose a year based on information you may have obtained for this purpose, and write it in the space provided for the date. We will search that whole year plus two years before and after, for a total of five years.
Search Letter.....\$15.00 for each 5 year period to be searched \$

Information

If you're sending your payment from anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian clearing house, or by VISA, MasterCard or American Express. US applicants may submit a US Postal money order in US funds.

We will not accept post-dated cheques. We will charge \$35.00 if your cheque is rejected because of insufficient funds.

There is a limit on the number of documents issued. (See #7 on pg. 4).

Please note that fees are subject to change without notice. If you send your request by mail, you can pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard or American Express. At our public counter, you can also pay by cash or debit card.

Your Payment Options

<input type="checkbox"/> Cheque or Money Order. Please make payable to: "Minister of Finance"	Credit card payment: You must pay by credit card if you are faxing your application to us. Our fax number is 1-807-343-7459 . <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number	Expiry Date (Month / Year)
Name of Cardholder	Signature of Cardholder

Who is the Person Named on the Birth Certificate (each box must be filled in)

Last Name (at time of Birth)			First Name			Middle Name(s)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Year Month Day		Place of Birth (City)			Weight at Birth	No. of older brothers / sisters born before this child	
Where did the birth take place <input type="checkbox"/> Hospital (name) _____ <input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> Home <input type="checkbox"/> Birthing Centre			You must check one box	<input type="checkbox"/> Physician <input type="checkbox"/> Midwife	<input type="checkbox"/> Other <input type="checkbox"/> Undetermined
Name of Doctor or Attendant (at birth)			Address of Doctor or Attendant					

Parent(s) Information (at time of this child's birth)

Mother's Maiden Name (see #1 on pg. 4)			First Name			Middle Name(s)		
Mother's Address (at the time of this child's birth)					City		Province	Country
Mother's Marital Status (at the time of this child's birth) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common law						Any Other Last Name(s) Used by Mother		
Mother's Age (at time of this birth)		Mother's Date of Birth Year Month Day		Mother's Place of Birth (City and Province / Country)				
Father's Last Name			First Name			Middle Name(s)		
Father's Age (at time of this birth)		Father's Date of Birth Year Month Day		Father's Place of Birth (City and Province / Country)				

Has a Birth Certificate (Short Form) been previously issued for this birth? Yes No

Has a Certified Copy of the Birth Registration been previously issued for this birth? Yes No

Has the person named on the Birth Registration ever had a legal name change? Yes No

If 'yes', provide previous name(s) below:


Last Name			First Name			Middle Name(s)		
Last Name			First Name			Middle Name(s)		

**All previously issued documents will be cancelled.

Who can Obtain this Information?

<p>Where the person named on the certificate is alive (Check one or more boxes)</p> <p><input type="checkbox"/> The person named on the Birth Certificate is the 'Applicant'. (You must be at least 13 years of age)</p> <p>A parent of the person named on the Birth Certificate is the 'Applicant'. (Your name must appear on the Birth Registration)</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p><input type="checkbox"/> A person who has legal custody of the person named on the Birth Certificate is the 'Applicant'. (Proof of Custody is required)</p> <p><input type="checkbox"/> Proof of Custody attached.</p>	<p>Where the person named on the certificate is deceased, only a Certified Copy of the Birth Registration will be issued. (Check one or more boxes)</p> <p><input type="checkbox"/> The Next of Kin is the 'Applicant'. (see #2 on pg. 4)</p> <p>Specify relationship to deceased _____</p> <p><input type="checkbox"/> Proof of Death attached. (see #3 on pg. 4)</p> <p><input type="checkbox"/> Estate Trustee is the "Applicant". (see #4 on pg. 4) (Certificate of Appointment or similar proof required)</p> <p><input type="checkbox"/> Certificate of Appointment or similar proof attached. (see #5 on pg. 4)</p>
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<p>Why are you requesting this information?</p> <p>Please specify: _____</p> <p>You MUST check one of the following boxes:</p> <p><input type="checkbox"/> First time applying for Birth Certificate/ Certified Copy of Birth Registration</p>	<p><input type="checkbox"/> Lost Birth Certificate / Certified Copy of Birth Registration (see #6 on pg. 4)</p> <p><input type="checkbox"/> Stolen Birth Certificate/ Certified Copy of Birth Registration (see #6 on pg. 4)</p> <p><input type="checkbox"/> Damaged/destroyed Certificate / Certified Copy of Birth Registration (see #6 on pg. 4)</p>
<p>I authorize the Office of the Registrar General to issue the requested document/information, and consent to the Ministry of Consumer and Business Services collecting information about myself and the person named on the Birth Certificate (if other than myself) from the guarantor and such other sources as may be necessary to verify the information on this form and my entitlement to the service required. I am aware that it is an offence to willfully make a false statement on this form.</p>	

Signature of Applicant 		Daytime Telephone Number		Date Signed	
		()		Year Month Day	

Statement of Guarantor

The guarantor must certify the information on this application form by completing and signing the "Statement of Guarantor" section. No person shall charge a fee for acting as a guarantor (Section 45.1 of the *Vital Statistics Act*).

The Guarantor

The persons described in this section are prescribed as **guarantors** for the purposes of section 45.1 of the *Vital Statistics Act*:

1. Canadian citizens who have known the applicant for at least two years and who are **currently serving** as one of the following:
 - i. Judge, justice of the peace, municipal police officer, provincial police officer or officer of the Royal Canadian Mounted Police.
 - ii. Mayor.
 - iii. Member of the Legislative Assembly of Ontario.
 - iv. Minister of religion authorized under provincial law to perform marriages.
 - v. Municipal clerk or treasurer who is a member of the Association of Municipal Managers, Clerks and Treasurers of Ontario.
 - vi. Notary public.
 - vii. Principal or vice-principal of a primary or secondary school.
 - viii. Senior administrator or professor in a university or a senior administrator in a community college or in a CEGEP in Quebec.
 - ix. Signing officer of a bank, caisse d'économie, caisse populaire, credit union or trust company.

Canadian citizens who have known the applicant for at least two years and **who are practicing members in good standing** of a provincial regulatory body established by law to govern one of the following professions:

- i. Chiropractor, dentist, midwife, nurse, optometrist, pharmacist, physician or surgeon, psychologist or veterinarian.
- ii. Lawyer.
- iii. Professional accountant.
- iv. Professional engineer.
- v. Social worker or social service worker.
- vi. Teacher in a primary or secondary school.

The list above is not a recognition or endorsement by the Office of the Registrar General of professional status or superior qualifications.

Guarantor Information

Guarantor's Last Name		First Name	
Organization / Firm (if applicable)		Occupation	
Registration No. (if applicable)			
Home Telephone Number ()	Work Telephone Number / Ext. ()	Fax. Number (Optional) ()	

Work address

Street No.	Street Name	City	Province	Postal Code
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Guarantor's Statement: (Number of years must be completed)

To the best of my knowledge and belief, the statements made in this application are true. I am a Canadian Citizen and belong to one of the listed professions (*above*). I have known the Applicant personally for at least TWO years. **I have known the**

Applicant for _____ . I am aware that it is an offence to willfully make a false statement on this form.
(number of years)

Signature of Guarantor 	Date Signed Year Month Day 	Signed At: (City /Province)
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Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to provide certified copies, extracts, certificates, or search notices and to verify the information provided and your entitlement to the service requested and for law enforcement and security purposes. It is an offence to willfully make a false statement on this form. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, P.O. Box 4600, Thunder Bay ON P7B 6L8. Telephone 1-800-461-2156 or 416-325-8305.

Date: _____

To Whom It May Concern:

I, the undersigned, hereby authorize _____ of
CERTIFICATES EXPRESS LTD. to apply for and receive a copy of my
_____ certificate.

Signed,

Sign: _____

Print: _____