

(For births which took place in Ontario only)

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

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

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'.

Please PRINT clearly in blue or black ink.

Applicant's Name First Name Last Name Mailing Address Organization / Firm (if applicable) Street No. Street Name Apt. No. Buzzer No. PO Box City Province Country Postal Code Telephone Number (including area code) 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. 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

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 request to us. Our fax number is: 807 343-7459.				
	Visa	MasterCard	American Expre	SS	
Card Number			Expiry Date	(Month / Year)	
Name of Cardholder		Signature of Car	dholder		

Who is the Person I	Named on the B	irth Cert	ificat	t e (eacł	ם box m	nust be fil	lled in))				
Last Name (at time of Birth)		First	Name	e Middle Name(s)							
	Date of Birth			Place o	f Rirth ((City)		Weight a	t Birth	No. of ol	der broth	ners / sis-
Male Female	1	Month [Day	T lace o		Sity)		i olgin e		ters borr	n before t	his child
										r		
Where did the birth take p	lace Hospita	l (name)					You mi check		Ph	ysician	Midw	ife
Other (specify)		L	_ Hoi		Birthing		box		Oth	her	Unde	termined
Name of Doctor or Attend	lant <i>(at birth)</i>	Address	of Doo	ctor or At	ttendant							
Parent(s) Information	n (at time of this o	child's birt	h)									
Mother's Maiden Name (see #1 on pg. 4)		First	Name				Middl	le Name	e(s)		
Mother's Address (at the t	ime of this child's birth)		City				Pr	ovince	C	Country		
Mother's Marital Status (a	t the time of this child's	hirth)				Any Oth	erlas	t Name(s	s) Used	by Mothe	r	
		_		٦ -					, 0000	by moure		
Single Married	Divorced	Widowe	d L		non law							
Mother's Age (at time of this birth)	Mother's Date of B			Mother's	Place o	of Birth (Cit	ty and F	rovince / (Country))		
	Year	Month [Day									
Father / Other Parent La	st Name		First	Name				Midd	lle Nam	e(s)		
Father / Other Parent	Father / Other Pare	nt Data of) Dirth	Eathor /	Othor D	aront Plac	o of Pi	rth (City o	and Drov	inco / Cou	ntru)	
Age (at time of this birth)	Year		Day	rather /		arent Flat		Ttri (City a		ince / Cou	nury)	
Has a Birth Certificate (Short	<i>Form)</i> been previousl	issued for	his birt	h?**						Yes	Γ	No
Has a Certified Copy of the E	-									Yes	Γ	No
Has the person named on th If 'yes', provide previous nan		er had a lega	ai name	e change :						Yes		No
Last Name		First Name					Midd	le Name(s	s)			
Last Name		First Name			Middle Name(s)							
**All previously issued docum	nents will be cancelled.											
Who can Obtain this	s Information?											
Where the person name	d on the certificate	is alive		1		the pers						
(Check one or more boxes) only a Certified Copy of the Birth Registration will be issued. (Check one or more boxes)					issued.							
The person named of 'Applicant'. (You must						The Next of			plicant'.	(see #2 o	n pg. 4)	
A parent of the person named on the Birth Certificate is the												
'Applicant'. (Your name mu		Registration)				Proof	of Dea	th attach	ed. (see	e #3 on pg.	4)	
	er / Other Parent				E	Estate Tru	stee is	the "App	licant'.	(see #4 on	pq. 4)	
A person who has le Birth Certificate is the	e 'Applicant'. (Proof of	Custody is re	quired)	ine		Certificate	of Appo	intment or	similar	proof requi	ired)	
Proof of Custody		-					cate of 5 on pg		ment or	similar p	roof attac	hed.
Why are you reques	sting this inform	nation?				Lost Birth (Certifica	· ·	ed Copy	of Birth R	egistratior	 ו
Please specify: (see #6 on pg. 4)					on							
You MUST check one of the following boxes: Stolen Birth Certificate/ Certified Copy of Birth Registration (see #6 on pg. 4)				Л								
First time applying for Birth Certificate/Certified Copy of Birth Registration Damaged/destroyed Certificate / Certified Copy of Birth Registration					Registration							
I authorize the Office of the I	Registrar General to is	sue the requ	ested d	locument		(see #6 on on, and co	,	the Minis	stry of Go	overnment	Services	collecting
information about myself and	d the person named on	the Birth Ce	ertificate	e (if other	than mys	self) from th	he guara	antor and	such oth	er sources	s as may b	be
necessary to verify the inform Government Services. I am								sure of su	icn inforr	nation to the	ne Ministr	/ OT
Signature of Applicant						(including a		e)	Date	Signed		
				1		,		Ext.		Year	Mont	h Dav

This Page MUST be completed in Full if the Person Named on the Certificate is 9 years of Age or Older

To the Applicant

Please select one of the following persons to act as your Guarantor. When contacted, the Guarantor will be asked to verify that:

- the statements made in this application are true;
- as the Guarantor, he or she is a Canadian citizen belonging to one of the listed categories; and
- he or she has known you (the applicant) for at least two years.
- No person shall charge a fee for acting as a guarantor (Section 45.1(2) of the Vital Statistics Act).

The Applicant certifies that the individual named below has consented to act as Guarantor.

The Guarantor

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

- 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, First Nations police officers and constables.
 - 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.
 - x. Chief of a band recognized under the *Indian Act* (*Canada*).

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 an endorsement by the Office of the Registrar General of professional status or recognition of superior qualifications.

Name of Applicant (must be completed)				
Last Name		First Name		
Guarantor Information				
Guarantor's Last Name		First Name		
Organization / Firm (if applicable)	Occupation		Registration No. (if applicable)	
Work Telephone No. (including area code) / Ext.		Fax No. (optional) (including area code)		

Work address

Street No.	Street Name	City/Town	Province	Postal Code

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 wilfully make a false statement on this form. Questions about this collection should be directed to: Deputy Registrar General, Office of the Registrar General 189 Red River Road, PO Box 4600 Thunder Bay ON P7B 6L8. Telephone Outside Toronto 1 800 461-2156 or in Toronto 416 325-8305.

Instructions

Instruction #1

Mother's Maiden Name

Mother's maiden name is the mother's last name at the time of her own birth, unless the mother was adopted. If the mother was adopted, record the adoptive name.

Instruction #2

Next of Kin includes:

*Spouse, **Common Law Partner, Mother, Father / Other Parent, Daughter, Son, Sister, Brother.

If none of the above are available, the closest surviving Next of Kin (Grandmother, Grandfather, Aunt, Uncle, First Cousin, Niece, Nephew or Grandchild) may apply but must provide, along with the prescribed fees and a complete and signed application, an affidavit swearing that they are the closest surviving Next of Kin.

*Spouse means either party to a marriage.

**Common Law Partner means two people living together continuously in a conjugal relationship outside of marriage for a period of no less than 3 years or two people who have lived together in a relationship of some permanence if they are the parents of a child.

Instruction #3

Proof of Death

i.e., Death Certificate, Funeral Director's Statement, Certificate of Appointment of Estate Trustee or, an order under the *Declarations of Death Act, 2002.*

Instruction #4

Estate Trustee includes an Executor or an Administrator.

Instruction #5

Acceptable proof includes a Certificate of Appointment of Estate Trustee, letters probate, letters of administration or a will.

Instruction #6

Lost, Stolen, Damaged / Destroyed Birth Certificates

Birth Certificates or certified copies of Birth Registration that are lost, stolen, or damaged/destroyed must be reported to the Office of the Registrar General immediately. Found birth certificates or certified copies of Birth Registration must be returned to the Office of the Registrar General immediately or delivered to a police or lost and found service.

Instruction #7

Not more than one Birth Certificate and one Certified Copy of a Birth Registration may be issued.

Instruction #8

Application for Reconsideration

If your application for a Birth Certificate or Certified Copy of Birth Registration is refused, you may apply in writing to the Deputy Registrar General for your application to be reconsidered. You must provide your full name, mailing address, phone number, name of the person whose Birth Certificate or Certified Copy of Birth Registration is being applied for, file number of the application and reasons why your application should be reconsidered.

Instruction #9

Safeguarding your Certificates

Please remember that it is important to keep your Birth Certificate in a secure location such as a safety deposit box and not in your wallet. By keeping it in a safe place, you are doing your part to protect your identity.

Instruction #10

Father / Other Parent

The father's or other parent's information must be included on this application if the information appears on the child's original birth registration. An "other parent" refers to a non-biological parent of a child, where the biological father is unknown and where the child was born from assisted conception.

What records does the Office of the Registrar General have?

The Office of the Registrar General holds records for births that happened in Ontario during the past 95 years.

To obtain older records, contact: Archives of Ontario 134 Ian Macdonald Boulevard Toronto ON M7A 2C5 800 668-9933 416 327-1600

Mail the Completed Request to: The Office of the Registrar General 189 Red River Road
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Fax 807 343-7459

If you require faster service than 6-8 weeks, please apply online at <u>www.serviceontario.ca</u>