



PLEASE NOTE

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This document is *not* the official version of these regulations. The regulations and the amendments printed in the [Royal Gazette](#) should be consulted to determine the authoritative text of these regulations.

For more information concerning the history of these regulations, please see the [Table of Regulations](#).

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CHAPTER V-4.1
VITAL STATISTICS ACT
REGULATIONS

Pursuant to section 40 of the *Vital Statistics Act* R.S.P.E.I. 1996, Cap. V-4.1, Council made the following regulations:

1. (1) Subject to subsection (2), the following evidence may be accepted in support of an application for delayed registration of a birth, pursuant to clause 7(c) of the Act: Evidence for delayed birth registration

- (a) a baptismal record or similar church record;
- (b) a Statistics Canada census document;
- (c) an immunization record or similar public health record;
- (d) a record of school registration; or
- (e) such other document as the Director considers reliable.

(2) For the purposes of subsection (1), a record or document shall have been recorded prior to the person reaching the age of 10 years and shall show Records include

- (a) the person's date of birth;
- (b) the person's place of birth; or
- (c) the name of the parent or parents. (EC453/00)

2. (1) Subject to subsection (2), the following evidence may be accepted in support of an application for an alteration of a given name on a birth registration pursuant to clause 9(1)(d) of the Act: Evidence for given name change

- (a) a baptismal record or similar church record;
- (b) a Statistics Canada census document;
- (c) an immunization record or similar public health record;
- (d) a record of school registration; or
- (e) such other document as the Director considers reliable.

(2) For the purposes of subsection (1), a record or document shall have been recorded prior to the person reaching the age of 10 years and that it pertains to the person whose given name is to be altered. (EC453/00) Records include

3. The following evidence may be accepted in support of an application for delayed registration of a marriage pursuant to clause 17(c) of the Act: Evidence for delayed marriage registration

- (a) a church or court record which
 - (i) was completed by the person who solemnized the marriage or another person having knowledge of the facts of the marriage, and
 - (ii) shows the names of the spouses and the date and place of the marriage; or

(b) other documents considered by the Director to be reliable.
(EC453/00; 460/05)

Evidence for
delayed death
registration

4. (1) Subject to subsection (2), the following evidence may be accepted in support of an application for delayed registration of a death pursuant to clause 23(b) of the Act:

- (a) a church record, record of a cemetery or of a funeral director, related to the death, funeral or burial;
- (b) a court record associated with the death;
- (c) inspection of a gravestone by a representative of the Director, or a statutory declaration about the gravestone; or
- (d) such other document as the Director considers reliable.

Records contain

(2) For the purposes of subsection (1), records or documents for the purposes of subsection (1) shall

- (a) identify the person;
- (b) show the date of death of the person; or
- (c) show the place of death of the person. (EC453/00)

Disclosure of
identifying
information

5. (1) Subject to sections 14 and 15 of the Act, the Director may disclose identifying information obtained in the administration of the Act to

- (a) any department or agency of the government of the province, the government of Canada or the government of another province of Canada;
- (b) a police officer in the discharge of police duties;
- (c) the Workers Compensation Board of Prince Edward Island;
- (d) the provincial archives office; or
- (e) for research purposes approved by the Director upon an undertaking by the researcher not to reveal identifying information.

Statistical form

(2) Information gathered in the administration of the Act may be published or disclosed in statistical form, provided that persons are not identifiable from the published or disclosed information.

Minister may
prohibit disclosure

(3) Notwithstanding subsection (1), the Minister may prohibit the disclosure of information if the Minister believes that such disclosure is contrary to the best interests of the public.

Reasonable fees

(4) Notwithstanding subsection (1), the Director may charge a fee for information provided pursuant to this section that, in the Director's opinion does not exceed a reasonable estimate of the cost of assessing and providing the information and the documents requested. (EC453/00)

Forms

6. Forms 1 through 17 attached as Schedule A to these regulations are prescribed. (EC453/00)

Fees

7. (1) Subject to subsection (2), the following fees are prescribed:

REFERENCE - Vital Statistics Act R.S.P.E.I. 1988, Cap.V-4.1

	FEE
3(5) (a) amending statement of birth	\$25
7, 17, 23 (b) delayed registration of birth, marriage, or death	\$10
9(1) (c) altering or adding given name in a birth registration	\$25
10 (d) recording statutory change of name, or notifying other jurisdiction	\$25
31 (e) searching records - for every period spanning up to three years.....	\$10
32(1) (f) birth certificate - wallet size (short).....	\$25
32(1),(2) (g) birth certificate - framing size (long)	\$35
32(1) (h) certificate of registration of marriage - wallet size (short)	\$25
32(1) (i) certificate of registration of marriage - framing size (long)	\$35
32(3) (j) copy of registration of birth	\$30
32(4) (k) copy of registration of marriage	\$30
32(5) (l) certificate of registration of death	\$30
No additional charge for disclosure of cause	
32(6) (m) certificate of registration of stillbirth	\$30
32(7) (n) copy of registration of death or stillbirth	\$30
32(13) (o) information from or about, or a copy of, any other document for which a fee is not prescribed, for genealogical research - involving search of records for every period spanning up to three years	\$10
(p) rush certificates (out of province).....	\$25
(p.1) rush certificate (in province).....	\$7.50
(q) change of name notification (out of province).....	\$25

(2) The Director may waive or modify any fee as the Director considers appropriate. (EC453/00; 210/01; 220/04) Fee waiver

SCHEDULE A

FORM 1
NOTICE OF NON-HOSPITAL BIRTH
[Section 2 of the *Vital Statistics Act*]

**To be completed by the physician or other person responsible for delivering a child,
other than a birth in a hospital***
To be provided to a Vital Statistics registrar within 72 hours of the birth

Date of birth..... Time: am / pm
Month Day Year

Place of birth
Geographic placename Type of place (home, etc.)

Number of children in this delivery? Single Twins Triplets
Other

Sex of the child/children? Male Female

Was the child/children born alive? Yes No

PARENT(S)

Mother's name..... Phone.....
Contact address

Father's name..... Phone

Physician/other person responsible for reporting this delivery
Name..... Phone

Contact address

*That is, this form should be used if the regular Statement of Birth is not being taken by a Vital Statistics registrar in a hospital - The purpose is to help a registrar contact the parent(s) so that a full Statement of Birth can be completed.

FORM 2
STATEMENT OF BIRTH
[Subsection 3(1) of the *Vital Statistics Act*]

THIS IS A PERMANENT LEGAL RECORD
Type or Write Plainly and Complete All Items

Form
2

Province of Prince Edward Island
(Canada)
Vital Statistics

Statement of
Birth

Registration No. (Check use only)

1. Surname (last name)		All given names (if any)		2. Sex of Child Male <input type="checkbox"/> Female <input type="checkbox"/>		3. Provincial Health Number	
3. Month (by name), day, year of birth		4. Kind of Birth (state whether) Single <input type="checkbox"/> Twin <input type="checkbox"/> Other (specify) _____		5. Number of children born to this woman (by name) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. If twin, triplet, state whether the child was born: 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
7. Name of hospital (if not in hospital give exact location where birth occurred)		8. Complete street address. If rural give exact location (not PO or RR address)		9. City, town, village or other place (by name)		10. County	
8. Duration of pregnancy (in complete weeks) Number of weeks <input type="checkbox"/>		9. Number of children ever born (including this birth) Lived <input type="checkbox"/> Deceased <input type="checkbox"/>		10. Weight of child at birth _____ oz _____ grams		11. Are the parents married? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. If parents are married to each other give province or country and date of marriage		15. Any serious congenital malformations in child? Yes <input type="checkbox"/> No <input type="checkbox"/>		12. If the parents are not married to each other state whether mother is: Single <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/>		13. If the parents are not married to each other state whether mother is: Single <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/>	
Parents		Father		Mother		Provincial Health Number	
16. Surname of child's father (last name)		17. City, town or other place (by name) and province (or country, if outside Canada)		18. Maiden surname of child's mother (last name)		19. City, town or other place (by name) and province (or country, if outside Canada)	
20. Name and address of attending physician (or other attendant)		21. Name and address of attending physician (or other attendant)		22. Name and address of attending physician (or other attendant)		23. Name and address of attending physician (or other attendant)	
24. Complete mailing address (if different from item 7)		25. Complete mailing address (if different from item 7)		26. Complete mailing address (if different from item 7)		27. Complete mailing address (if different from item 7)	
28. I certify this is my true and correct knowledge and belief: <input checked="" type="checkbox"/>		Signature of Father		Signature of Mother		Signature of Registrar	

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

I certify this return was accepted by me - _____ P.E.I.

at _____ this date _____ Month (by name) _____ day _____ year

Signature of Registrar

8-2300-20, 1: 1998-01-05

See reverse side for instructions

NOTICE

Section 3 of the Vital Statistics Act, 1996, provides:

Reporting a birth

- (1) Within thirty days after the birth of a child in the province, –
 - (a) the mother and the father of the child;
 - (b) the child's mother, if the father is incapable or is unacknowledged by or unknown to the mother;
 - (c) the child's father if the mother is incapable;
 - (d) if neither parent is capable, or if the mother is incapable and the father is unacknowledged by or unknown to her, the person standing in the place of the parents of the child; or
 - (e) if there is no person to whom clause (a), (b), (c), or (d) applies, any person who has knowledge of the birth of the child, shall complete and provide a statement in the prescribed form respecting the birth to the division registrar.
- (2) If the statement is made by a person under clause (1) (b), (c), (d) or (e), the person making the statement shall make and submit with the statement a statutory declaration of the facts that require the statement to be made by the declarant.
- (3) If a pregnancy results in the birth of more than one child, a separate statement for each child shall be completed and provided in accordance with subsection (1), and each statement shall state the number of children born and their order of birth.

FORM 3
APPLICATION TO AMEND STATEMENT OF BIRTH
[Subsection 3(5) of the *Vital Statistics Act*]

To be completed by parents wanting to change a birth registration where the original statement was made by only one parent or by a non-parent

Name of child in
Statement of Birth
Surname Given names
Date of Birth..... Sex.....
Month Day Year

WHAT IS TO BE CHANGED?
.....
.....
.....

Why should this/these change(s) be made?
.....
.....
.....

Date.....

APPLICANTS

Mother's name Signature
Father's name Signature.....

Attach statutory declaration if only one parent is applying [Subsection 3(6)]

An amendment to add the particulars of the father can be made only if

- (a) the father and mother apply jointly - [s. 3(4) of the Act]; or
- (b) paternity has been established - [s. 3(7) of the Act].

FORM 4
APPLICATION FOR DELAYED REGISTRATION
OF BIRTH, MARRIAGE OR DEATH
[Section 7, 17 or 23 of the *Vital Statistics Act*]

To be completed by a person wanting to have a birth, marriage or death registered more than a year after it occurred (or where division registrar refers registration to the Director)

Event to be registered Birth..... Marriage..... Death.....

Date of the birth/marriage/death

Month Day Year

Name of the person being registered.....

Surname Given names

Explain the apparent problem -- why this registration did not get made in the normal way:

.....
.....
.....
.....

Provide the following:

- 1. Statutory declaration: a formal statement that the facts presented are true, and that the application is being made in good faith [Vital Statistics provides a form]
- 2. Statement of Birth (Form 2), or [Vital Statistics provides the correct form]Statement of Marriage (Form 6), or Registration of Death (statement of particulars + medical certificate - Form 9)
- 3. Evidence to support the facts - as described in section 1 (birth), section 3 (marriage) or section 4 (death) of the regulations.

Applicant's name..... Telephone

Contact address

Connection with the event/person.....

Date Signature

FORM 5
STATEMENT OF STILLBIRTH
[Section 11 of the Vital Statistics Act]

THIS IS A PERMANENT LEGAL RECORD
Type or Write Plainly and Completely All Items
This form must be filed with the District Registrar of the district in which the
stillbirth occurred before a burial permit can be issued.

Form 5

Province of Prince Edward Island
(Canada)
Vital Statistics

Statement of Stillbirth
(Section 11 of the Act)

Registration No. (Office use only)

1. Surname (part or type) _____ Given names (if any) _____
2. Sex _____ 3. Month, day, year of birth _____
4. Kind of birth - (Specify) _____
5. Number of this event _____
6. If twin, or other, 1st, 2nd, etc. _____
7. Name of hospital (if not a hospital give exact location where birth occurred) _____ City, town, village, or other place (if rural) _____ County _____ Postal code _____
8. Complete street address. If rural give exact location (road # or RR address) _____ City, town or other place (if rural) _____ Province (or county) _____ Postal code _____
9. Duration of pregnancy (in completed weeks) _____ 10. Number of child _____ Number of stillborn (in completed weeks) _____ to the mother (specify sex) _____
11. Weight of child at birth _____ 12. Are the parents married to each other? (State yes or no) _____
13. If the parents are not married to each other state the date of marriage _____
14. If parents are married to each other give province of country and date of marriage _____
15. Any congenital malformations in child? Yes No

Medical Certificate

16. Surname of child's father (part or type) _____ Given names _____
17. City or other place _____ Province (or county) _____
18. Month (by roman) day, year of birth _____ 19. Age (at time of this birth) _____
20. Maiden surname of child's mother (part or type) _____ Given name _____
21. City or other place _____ Province (or county) _____
22. Month (by roman) day, year of birth _____ 23. Age (at time of this birth) _____
24. Complete mailing address (if different from item 7) _____
25. Signature of parent (or other informant) _____
26. Address (or other informant) _____
27. Relationship to child _____ 28. Date signed (month, day, year) _____

Items 29-32 to be completed by the funeral director

29. Burial, cremation or other disposition (specify) _____ 30. Date of burial or disposition (month, day, year) _____
31. Name and address of cemetery, crematorium or place of disposition _____
32. Name and address of funeral director (person in charge of remains) _____

Record No. _____ Date (month, day, year) _____ Signature of District Registrar _____
See reverse side for instructions

Extracts from "Vital Statistics Act"

"Stillbirth" means the complete expulsion or extraction from its mother, after at least 20 weeks' pregnancy or after attaining a weight of at least 500 grams, of a product of conception in which, after such expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle.

10. (2) Where a stillbirth occurs, the person who would have been responsible for the registration thereof as provided in section 3(9), if it had been a live birth, shall complete and deliver to the funeral director statement in the prescribed form respecting the stillbirth.

(4) Upon receipt of the statement, the funeral director shall complete the statement setting forth the proposed date and place of burial, cremation or other disposition of the body and shall deliver the statement to the registrar of the registration district in which the stillbirth occurred.

Instructions

In case of more than one stillborn child at a birth, a separate return must be made for each, and the number of each, in order of birth, stated.

(1) Name of Child. — In place of the given name the word "Stillbirth" may be printed.

(15) Name of Father. — In the case of the parents not being married, the name of the father shall not appear on the certificate unless accompanied by his and the mother's written request.

(33) Physician's Statement of Cause of Stillbirth. — The medical conditions relating to stillbirth are divided into two groups. In Part I are those causally related to the "Immediate Cause" and the Antecedent causes, and in Part II those not so related. In most cases a statement of cause under Part I will suffice. When it is necessary to record more than one entry those should be stated in order so as to indicate their mutual relationship.

(a) Name first the "Immediate Cause" of stillbirth, i.e., the foetal disease, injury or complication which caused the stillbirth. Avoid the use of such terms as "Prematurity", "Birth Injury", "Cerebral Haemorrhage", "Asphyxia", etc., alone without stating, if possible, the primary factor responsible for these conditions.

(b) Then give the antecedent causes, i.e., the foetal and/or maternal conditions (if any) of which the immediate cause was the consequence, in order of causal relationship, stating the most recent one first and then others in order. Also check off whether the reported condition was a foetal or maternal condition.

(c) Part II should be reserved for "other important contributory medical conditions", particularly when the stillbirth was due to a combination of conditions none of which would have been fatal alone. Here too, check off whether foetal or maternal.

(d) Use accepted terms for medical conditions and never record mere symptoms only.

The following examples illustrate the essential principles in the use of the form.

30. Cause of stillbirth Part I	Example 1		Example 2		Example 3	
	F	M	F	M	F	M
Immediate cause — foetal disease or condition (specify leading to stillbirth)	(a) Cerebral haemorrhage due to		(a) Excessive cordial stress (foetal asphyxia) due to		(a) Foetal anaerocosis due to	
Antecedent causes — conditions, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) Dystocia due to (c) Hydrocephalus		(b) Dystocia due to (c) Contracted pelvis		(b) Relative placental insufficiency due to (c) Maternal nephritic toxæmia	
Part II Other significant conditions of foetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM 6
STATEMENT OF MARRIAGE
[Subsection 16(1) of the *Vital Statistics Act*]

Province of Prince Edward Island
Vital Statistics

FORM 6
STATEMENT
OF MARRIAGE
[Subsection 16(1) of the
Act]

License No. (Office use only)

THIS IS A PERMANENT LEGAL RECORD-Type or write plainly and complete all items

PLACE OF MARRIAGE	1. Name of church or address where marriage was solemnized _____ City, town, village or other place (by name) County	
DATE OF MARRIAGE	2. _____ Month (by name), day, year of marriage	3. Registration No.
NAME	Spouse 1 Provincial Health Number _____ 4. Surname (print or type) _____ All given names	Spouse 2 Provincial Health Number _____ 16. Surname (print or type) _____ All given names
MARITAL STATUS	5. <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	17. <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
RELIGION	6. Religion denomination	18. Religion denomination
BIRTHDATE	7. Month (by name), day year of birth _____ 8. Sex _____ 9. Age _____	19. Month (by name), day year of birth _____ 20. Sex _____ 21. Age _____
BIRTHPLACE	10. City, town, or other place, province (or country) of birth	22. City, town, or other place, province (or country) of birth
RESIDENCE before marriage	11. Complete street address, if rural exact location _____ _____ City, town or other place, country, province (or country), postal code	23. Complete street address, if rural exact location _____ _____ City, town or other place, country, province (or country), postal code
FATHER	12. Surname and given names of father (type or print) _____ 13. BIRTHPLACE-City, town or place, province (or country)	24. Surname and given names of father (type or print) _____ 25. BIRTHPLACE-City, town or place, province (or country)
MOTHER	14. Maiden surname and given names of mother (type or print) _____ 15. BIRTHPLACE-City, town or place, province (or country)	26. Maiden surname and given names of mother (type or print) _____ 27. BIRTHPLACE-City, town or place, province (or country)
	28. Signature of Spouse 1	29. Signature of Spouse 2

SIGNATURES	30. Signature of Witness _____ Address _____
	31. Signature of Witness _____ Address _____
CERTIFICATION OF OFFICIANT	32. I certify that I solemnized the marriage of the parties named in items 4 and 16 at the place and on the date stated above: Signature of person officiating _____ <input type="checkbox"/> Clergy <input type="checkbox"/> Judge
	33. Address of person officiating _____ 34. Religion denomination (if clergy) _____
DO NOT WRITE IN THIS AREA – OFFICE USE ONLY Notations:	
CERTIFICATION OF REGISTRAR	I certify this return was accepted by me on this date at _____ P.E.I. Date-Month (by name), day, year _____ Signature of Registrar _____

EXTRACTS FROM THE LAW

Every clergyman, minister or other person authorized by the law of the Province to solemnized marriages shall, at the time of each marriage make a written record thereof in the form prescribed and every such record shall be signed by each of the parties to the marriage and by the minister, clergyman or other person authorized as aforesaid officiating and by at least two credible witnesses.

Every clergyman, minister or other person authorized as aforesaid shall, within forty-eight hours from and after the solemnization by him or her of a marriage, deliver or forward by letter to the Registrar General a complete record thereof according to the prescribed form. (EC460/05)

FORM 7
STATEMENT OF ANNULMENT/DISSOLUTION OF MARRIAGE
[Subsection 18(1) of the *Vital Statistics Act*]

To be provided by the registrar of the court to the Director of Vital Statistics

The following marriage has been annulled dissolved by this court.

Full name of Spouse 1.....

Surname

Given names

Full name of Spouse 2.....

Surname

Given names

Date of marriage..... Registration No.

Month

Day

Year

(if available)

Place of marriage.....

Church / Court / other

Municipality, Province or Country

Court/location.....

Judge responsible..... Date of judgement.....

Date of certificate of divorce.....

Date of this statement..... Signature of registrar.....

(EC460/05)

FORM 8
REGISTRATION OF DEATH
[Sections 19 and 20 of the *Vital Statistics Act*]

THIS IS A PERMANENT RECORD
Type or Write Plainly in unobscured ink, and Complete All Items

Form 8

Province of Prince
Edward Island
(Canada)
Vital Statistics

**Registration of
Death**

Registration No. (Department use only)

(Section 19 and 20 of the Act)

1. Surname of deceased (first or last)		All given names		2. Sex		Provincial Health Number	
3. Name of hospital or institution (reference must be made where death occurred)		City, town, village or other place (if named)		County		Postal code	
4. Complete street address, if not given under section 19(2) or 19(3) address		City, town, village or other place (if named)		County		Postal code	
5. Single married, widowed, divorced or unmarried (specify)		6. If married, widowed, or divorced, give (1) names of husband or full maiden name of wife		7. Kind of work done during most of working life		8. If married, widowed, or divorced, give (2) names of husband or full maiden name of wife	
6. Cause of death		34. I certify that the above named person died from the causes stated therein.		35. My further information relating to the cause of death is		36. Date of death	
7. Kind of work done during most of working life		37. Does the cause of death (a) due to, or as a consequence of (b) due to, or as a consequence of (c) _____		38. May further information relating to the cause of death be (a) _____ (b) _____ (c) _____		39. Date of injury?	
8. Kind of business or industry in which worked		39. How did injury occur? (specify circumstances)		40. How did injury occur? (specify circumstances)		41. Date of injury?	
9. Month (by name), day, year of birth		42. How did injury occur? (specify circumstances)		43. How did injury occur? (specify circumstances)		44. Date of injury?	
10. Age (years)		44. How did injury occur? (specify circumstances)		45. How did injury occur? (specify circumstances)		46. Date of injury?	
11. City or place, province (or country) of birth		46. How did injury occur? (specify circumstances)		47. How did injury occur? (specify circumstances)		48. Date of injury?	
12. Surname and given names of father (first or last)		48. How did injury occur? (specify circumstances)		49. How did injury occur? (specify circumstances)		50. Date of injury?	
13. Birthplace - City or place, province (or country)		50. How did injury occur? (specify circumstances)		51. How did injury occur? (specify circumstances)		52. Date of injury?	
14. Maiden surname and given names of mother (first or last)		52. How did injury occur? (specify circumstances)		53. How did injury occur? (specify circumstances)		54. Date of injury?	
15. Birthplace - City or place, province (or country)		54. How did injury occur? (specify circumstances)		55. How did injury occur? (specify circumstances)		56. Date of injury?	
16. Signature of informant		56. How did injury occur? (specify circumstances)		57. How did injury occur? (specify circumstances)		58. Date of injury?	
17. Address of informant		58. How did injury occur? (specify circumstances)		59. How did injury occur? (specify circumstances)		60. Date of injury?	
18. Relationship to deceased		59. How did injury occur? (specify circumstances)		60. How did injury occur? (specify circumstances)		61. Date of injury?	
19. Date signed (month, day, year)		61. How did injury occur? (specify circumstances)		62. How did injury occur? (specify circumstances)		63. Date of injury?	
20. Burial, cremation or other disposition (specify)		63. How did injury occur? (specify circumstances)		64. How did injury occur? (specify circumstances)		65. Date of injury?	
21. Date of burial or disposition (month, day, year)		65. How did injury occur? (specify circumstances)		66. How did injury occur? (specify circumstances)		67. Date of injury?	
22. Name and address of cemetery, crematorium or place of disposition		67. How did injury occur? (specify circumstances)		68. How did injury occur? (specify circumstances)		69. Date of injury?	
23. Name and address of funeral director (or person in charge of remains)		69. How did injury occur? (specify circumstances)		70. How did injury occur? (specify circumstances)		71. Date of injury?	
24. Name and address of funeral director (or person in charge of remains)		71. How did injury occur? (specify circumstances)		72. How did injury occur? (specify circumstances)		73. Date of injury?	

Record No. _____ Date: Month (by name), day, year _____ Signature of District Registrar _____

P.E.I.

See reverse side for instructions

Vital Statistics Act
Regulations

Instructions

Physician's Statement of Cause of Death. - The medical conditions relating to death are divided on the certificate into two groups. In Group I are those related to the disease or condition causing it. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example 1), but where the physician finds it necessary to record more than one cause it is important that these be stated in the order of their causal relationship. This information is sought so that the selection of the cause for inclusion may be made in the light of the criteria set forth in the instructions.

(a) Name first the immediate cause of death, i.e., the disease, injury or complication which caused death (not mode of dying or terminal condition).

(b) Then give the other medical conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.

(c) Entries under Group II should be reserved for "other significant conditions contributing to the death, but not related to the disease or condition causing it".

(d) Accepted terms for medical conditions should always be used - never record mere symptoms.

(e) **Maternal Deaths.** - Qualify all diseases resulting from pregnancy, childbirth, miscarriage or abortion, e.g., "puerperal septicaemia", "eclampsia, arising during pregnancy". Distinguish between septicaemia originating in abortion and in childbirth.

(f) **Cancer.** - In all cases the organ or part FIRST affected should be specified.

(g) **Violent Deaths.** - Congress, medical examiners and physicians who certify to deaths from violent causes should specify, in all cases, the fundamental distinction of whether the death was due to accident, suicide, or homicide, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., a motor vehicle accident should be designated as such, and the type of vehicle involved, e.g., "Truck", "private car", etc.

The following examples illustrate the essential principles in the use of the form.

I. Disease or condition directly leading to death.	Example 1 (a) Lobar pneumonia due to (or as a consequence of)	Example 2 (a) Pulmonary tuberculosis due to (or as a consequence of)	Example 3 (a) Acute peritonitis due to (or as a consequence of)	Example 4 (a) Broncho-pneumonia due to (or as a consequence of)	Example 5 (a) Uraemia due to (or as a consequence of)
	(b) _____ due to (or as a consequence of)	(b) _____ due to (or as a consequence of)	(b) Acute appendicitis due to as a consequence of)	(b) Operation due to as a consequence of)	(b) Chronic nephritis due to as a consequence of)
Antecedent causes: Medical conditions, if any, giving rise to the above, and the underlying condition last.	(c) _____	(c) _____	(c) _____	(c) Strangulated inguinal hernia	(c) _____
II. Other significant conditions contributing to the death, but not related to the disease or condition causing it.	_____	_____	_____	Chronic interstitial nephritis	Chronic bronchitis

Stillbirth. - Stillbirth means the complete expulsion or extraction from its mother, after at least 20 weeks pregnancy or after attaining a weight of at least 500 grams, of a product of conception, S. A. 469.00. In such cases such expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord, or demonstrable movement of voluntary muscles (S. A. 469.00). The special stillbirth registration form must be used in registering a stillbirth.

FORM 9
INTERIM MEDICAL CERTIFICATE OF DEATH
[Subsection 20(4) of the *Vital Statistics Act*]

To be completed -- by a CORONER only -- when cause of death cannot be confirmed within 48 hours

Name of deceased.....
Surname Given names

Date of birth..... Provincial Health #.....
Month Day Year

Date of death.....
Month Day Year

Place of death
Hospital/ Institution/ other Geographic location

Funeral Director responsible

Funeral Director's Phone #

CERTIFICATION

I certify that

- the named person has died
- the cause of death cannot be determined with reasonable accuracy and confidence within 48 hours of notification of the death
- the body is no longer required for purposes of an autopsy, investigation or inquest, and is therefore released to the funeral director for burial, cremation or other disposition.

Coroner's name..... Phone #

Date/time..... Signature

When the cause of death has been established (after autopsy, investigation or inquest), the coroner must complete the proper medical certificate on the Registration of Death (Form 8)

FORM 10
BURIAL (OR OTHER DISPOSITION) PERMIT
[Section 24 of the *Vital Statistics Act*]

Issued by a registrar to a funeral director

Name of deceased
Surname Given names

Date of birth Date of death
Month Day Year Month Day Year

Place of death
Hospital/ Institution/ other Geographic location

Health No. (or equivalent)

Name of Physician or Coroner involved

REGISTRAR'S AUTHORIZATION

I have received the statement of particulars [section 19 of the Act] and the medical certificate of death, or interim medical certificate, [section 20 of the Act] which are together necessary to register the death.

Authorization is therefore given, in accordance with section 24 of the Act, for the transportation and burial, cremation or other disposition of the deceased.

This permit is issued to the Funeral Director responsible
.....
Name of funeral director / home Location

Tel

• For transportation to
Geographic location, if other than local

• For burial in
Name and location of cemetery

• Other disposition planned
Example: cremation, donation to medical school

Name of Registrar..... Tel.....

Date..... Signature.....

Copy Directions:

Registrar

- (a) provides Copy 1 and 2 to funeral director
- (b) sends Copy 3 to Director
- (c) keeps copy 4 (for records)

Funeral Director

- (a) attaches Copy 1 to casket: to be seen by officiant (clergy) or officials in other jurisdictions and delivered to cemetery operator
- (b) keeps Copy 2 (for records)

FORM 11
APPLICATION FOR CERTIFICATE OR COPY OF A REGISTRATION
[Section 32 of the *Vital Statistics Act*]

Form 11

P.E.I. Vital Statistics, Dept. of Health
PO Box 3000, Montague, PE C0A 1R0
Telephone: (902) 838-0880 FAX: (902) 838-0883

APPLICATION FOR SERVICE
[Section 32 of the Act]

Name of Applicant: _____ Method of payment (must accompany application):
Cash/Debit Card Cheque Account
Mailing Address: _____ Visa MasterCard Card #: _____
City/Province: _____ Postal/Zip code _____ Exp. Date: _____ Signature: _____
Phone: (H) _____ (W) _____ Relationship to person named on certificate: _____

Specific reason certificate is required:

If BIRTH certificate required, complete this section (PLEASE PRINT)

Last name [give maiden name if certificate is for a married woman]: _____
Male
Given names: _____ Female Date of birth: _____ / ____ / ____
Month (written out) day year
Place of birth (city, town or village) _____, PRINCE EDWARD ISLAND
Last name of Father: _____ Given names: _____ Birthplace: _____
Maiden Name of mother: _____ Given names: _____ Birthplace: _____
Type: Wallet Framing Certified Copy Search

If MARRIAGE certificate required, complete this section (PLEASE PRINT)

Last name of groom: _____ Given names: _____ Birthplace: _____
Last (maiden) name of bride: _____ Given names: _____ Birthplace: _____
Date of marriage: _____ / ____ / ____ Place of marriage (city/town/village): _____, PEI
Month (written out) Day Year
Type: Wallet Framing Certified Copy Search

If DEATH certificate(s) required, complete this section (PLEASE PRINT)

Surname of deceased: _____ Given names: _____
Male
Date of death: _____ / ____ / ____ Female Age: _____ Date of birth: _____ / ____ / ____
Month (written out) Day Year Month (written out) Day Year
Place of death: _____, PEI Usual Residence prior to death: _____
Marital Status: Single Married Widow Divorced
Type: Certificate of Death Search

X _____
Signature of applicant _____ Date of application _____

FOR OFFICE USE ONLY
Receipt No. _____ Invoice No. _____ Certificate typed by: _____ Date issued: _____
Registration Date: _____ Registration No. _____ Certificate No. _____ Fee Chk/¢ _____

IMPORTANT INFORMATION

Certificates can only be issued for births, marriages, and deaths which occurred in P.E.I.

WHO CAN APPLY FOR CERTIFICATES:

- ◆ **BIRTH CERTIFICATES:**
 - Person named on the certificate
 - A parent whose name appears on the registration from which the certificate is to be issued
 - A person authorized, in writing of the person named in the certificate, or the parents of the person named in the certificate
 - A court order
 - A lawyer acting for the person, or parents, named in the certificate
 - Long form birth certificates can only be issued to the person named on the certificate or to the parents of that person
- ◆ **MARRIAGE CERTIFICATES:**
 - Person named in the certificate
 - A spouse whose name appears on the registration from which the certificate is to be issued
 - A person on the authorization in writing of the person named in the certificate or spouse of the person named in the certificate
 - A lawyer acting for the person(s) named in the certificate
 - A court order
- ◆ **DEATH CERTIFICATES:**

The following may apply for a death certificate:

 - Any person furnishing information satisfactory to the Director, may obtain a certificate in the prescribed form in respect of the registration of death.
 - No certificate issued shall disclose the cause of death.

TO AVOID DELAY:

- Complete the appropriate section in full (PLEASE PRINT)
- Ensure that you are authorized to make the request
- Enclose the correct fee by cheque or money order (Canadian Funds)
- Ensure that your phone number and address are correct and clear
- If required immediately, please send by courier and enclosed a prepaid courier envelope, or
- Fax us a signed copy of your application along with your credit card number, expiry date and signature

FEES: Birth - Wallet size	-	\$20.00	Marriage - Wallet size	-	\$20.00
Birth - Framing size	-	\$30.00	Marriage - Framing size	-	\$30.00
Birth - Certified copy	-	\$30.00	Marriage - Certified copy	-	\$30.00
Death - Framing size	-	\$30.00			
Searches:		\$10.00 (add additional \$10.00 for every three years searched)			

ADDITIONAL INFORMATION:

Mailing Address: Vital Statistics Division
Dept. of Health
PO Box 3000, Montague, PE C0A 1R0
Telephone: (902) 838-0880 FAX: (902) 838-0883

Make cheque/money order payable to Provincial Treasurer, P.E.I.

FORM 12
BIRTH CERTIFICATE - WALLET (SHORT)
[Subsection 32(1) of the *Vital Statistics Act*]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

CERTIFICATE OF BIRTH

NAME

BIRTH DATE..... SEX..... REGISTRATION NO.
Month Day Year

BIRTH PLACE

DATE ISSUED

REGISTRATION DATE

CERTIFIED EXTRACT FROM A RECORD OF BIRTH ON FILE IN THE OFFICE OF
THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD ISLAND, CANADA

.....
DIRECTOR OF VITAL STATISTICS

FORM 13
BIRTH CERTIFICATE - FRAMING (LONG)
[Subsections 32(1) and (2) of the *Vital Statistics Act*]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

CERTIFICATE OF BIRTH

This is to certify that the information in this certificate is a true and correct extract from a record of birth on file in the office of the Director of Vital Statistics of Prince Edward Island, Canada.

Name of Person Sex

Date of Birth.....
Month Day Year

Place of Birth, Prince Edward Island

Name of Father.....

His Birthplace

Name of Mother (before marriage).....

Her Birthplace

Registered at....., P.E.I.

Date of Registration

Registration No.

Date of Issue.....

Director of Vital Statistics

FORM 14
CERTIFICATE OF REGISTRATION OF MARRIAGE - WALLET (SHORT)
[Subsection 32(1) of the *Vital Statistics Act*]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

CERTIFICATE OF MARRIAGE

SPOUSE 1
SPOUSE 2
DATE OF MARRIAGE
REGISTRATION No.
PLACE OF MARRIAGE
DATE ISSUED

CERTIFIED EXTRACT FROM A RECORD OF MARRIAGE ON FILE IN THE OFFICE
OF THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD ISLAND,
CANADA

.....
DIRECTOR OF VITAL STATISTICS

(EC460/05)

FORM 15
CERTIFICATE OF REGISTRATION OF MARRIAGE - FRAMING (LONG)
[Subsection 32(1) of the *Vital Statistics Act*]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

CERTIFICATE OF REGISTRATION OF MARRIAGE

Name of Spouse 1
Place of Birth
Name of Spouse 2
Place of Birth
Date of Marriage
Place of Marriage
Registration Date
Registration No.
Date Issued

CERTIFIED EXTRACT FROM A RECORD OF MARRIAGE ON FILE IN THE OFFICE
OF THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD ISLAND,
CANADA

.....
DIRECTOR OF VITAL STATISTICS

(EC460/05)

FORM 16
CERTIFICATE OF REGISTRATION OF DEATH
[Subsection 32(5) of the *Vital Statistics Act*]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

CERTIFICATE OF REGISTRATION OF DEATH

Name of Deceased.....
Date of Death..... Sex..... Age.....
Place of Death
Marital Status
Regular Residence.....
Date of Registration Registration No.
Date Issued

CERTIFIED EXTRACT FROM A REGISTRATION OF DEATH ON FILE IN THE
OFFICE OF THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD
ISLAND, CANADA

.....
DIRECTOR OF VITAL STATISTICS

FORM 17
CERTIFICATE OF REGISTRATION OF STILLBIRTH
[Subsections 32(2) and (5) of the *Vital Statistics Act*]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

CERTIFICATE OF REGISTRATION OF STILLBIRTH

Name of Child
Parent/s
Date of Stillbirth..... Sex of child
Place of Stillbirth
Date of Registration..... Registration No.
Date Issued

CERTIFIED EXTRACT FROM A REGISTRATION OF STILLBIRTH ON FILE IN THE
OFFICE OF THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD
ISLAND, CANADA

.....
DIRECTOR OF VITAL STATISTICS

(EC629/05)