BRITISH COLUMBIA
Ministry of Health Services
Knowledge Management and Technology Division
British Columbia Vital Statistics Agency

REGISTRATION OF LIVE BIRTH

This is the permanent record of your child's birth and legal name.

PLEASE PRINT

DOCUMENT CONTROL NUMBER	REGISTRATION NUMBER *(Office use only)*

CHILD'S INFORMATION

FIRST NAME | MIDDLE NAME(S) | SURNAME | SEX OF CHILD

Name:

MONTH *(First 3 letters)* | DAY | YEAR | KIND OF BIRTH | BIRTH ORDER, IF TWIN, STATE WHETHER THIS CHILD WAS BORN

Date of Birth:

❑ *Single* ❑ *Twin* ❑ *Triplet* ❑ *4+* | ❑ *1st* ❑ *2nd* ❑ *3rd* ❑ *4+*

24 HOUR CLOCK | HOSPITAL BIRTH? | NAME OF HOSPITAL

Time of Birth: *hh : mm* | ❑ *Yes* ❑ *No*

CITY, TOWN OR OTHER PLACE (BY NAME)

Place of Birth in BC:

If birth did not occur in hospital give exact location where birth occurred | POSTAL CODE

Children ever born to this mother (including this birth)
*Number of Liveborn*_____ *Number of Stillborn*_____ *(after 20 weeks of pregnancy)*

Are parents married to each other? ❑ *Yes* ❑ *No*

If the parents are not married to each other state whether mother is:
❑ *Never married* ❑ *Married* ❑ *Widowed*
❑ *Divorced* ❑ *Separated* ❑ *Other* _____

Full name of attending physician (or midwife) | GIVEN NAME(S) | SURNAME OF PHYSICIAN

Attending Physician:

MOTHER'S INFORMATION

FIRST NAME | MIDDLE NAME(S) | MAIDEN SURNAME/ **(SURNAME BEFORE MARRIAGE)**

Name:

MONTH *(First 3 letters)* | DAY | YEAR | CITY OF BIRTH | PROVINCE/STATE OF BIRTH | COUNTRY OF BIRTH

Date of Birth:

AGE AT TIME OF THIS BIRTH | BC RESIDENT? ❑ *Yes* ❑ *No* | PERSONAL HEALTH NUMBER (CARECARD NUMBER) | ABORIGINAL? ❑ *Yes* ❑ *No* | DO YOU LIVE ON RESERVE? ❑ *Yes* ❑ *No*

USUAL RESIDENCE STREET | CITY | PROVINCE/STATE | COUNTRY | POSTAL CODE | PHONE NUMBER ( ) -

COMPLETE MAILING ADDRESS *(If different than above give Post Office or Rural Route address)* City, Province, State, Country, Postal Code | PHONE NUMBER ( ) -

I certify that the forgoing is true and correct to the best of my knowledge and belief.

X _____ *Signature of Mother* | MONTH *(First 3 letters)* DAY YEAR *Date Signed*

FATHER'S INFORMATION

FIRST NAME | MIDDLE NAME(S) | SURNAME

Name:

MONTH *(First 3 letters)* | DAY | YEAR | CITY OF BIRTH | PROVINCE/STATE OF BIRTH | COUNTRY OF BIRTH

Date of Birth:

AGE AT TIME OF THIS BIRTH | BC RESIDENT? ❑ *Yes* ❑ *No* | PERSONAL HEALTH NUMBER (CARECARD NUMBER) | ABORIGINAL? ❑ *Yes* ❑ *No* | DO YOU LIVE ON RESERVE? ❑ *Yes* ❑ *No*

I certify that the forgoing is true and correct to the best of my knowledge and belief.

X _____ *Signature of Father* | MONTH *(First 3 letters)* DAY YEAR *Date Signed*

OR

CO-PARENT'S INFORMATION

FIRST NAME | MIDDLE NAME(S) | SURNAME | SEX OF CO-PARENT

Name:

MONTH *(First 3 letters)* | DAY | YEAR | CITY OF BIRTH | PROVINCE/STATE OF BIRTH | COUNTRY OF BIRTH

Date of Birth:

AGE AT TIME OF THIS BIRTH | BC RESIDENT? ❑ *Yes* ❑ *No* | PERSONAL HEALTH NUMBER (CARECARD NUMBER) | ABORIGINAL? ❑ *Yes* ❑ *No* | DO YOU LIVE ON RESERVE? ❑ *Yes* ❑ *No*

I certify that the forgoing is true and correct to the best of my knowledge and belief.

X _____ *Signature of Co-Parent** | MONTH *(First 3 letters)* DAY YEAR *Date Signed*

**A co-parent is defined as a person who is in a spousal relationship with the mother of the child, where the mother has conceived a child through anonymous donor insemination, and the couple has agreed to raise the child.*

STATEMENT *(IF BOTH THE MOTHER AND FATHER HAVE SIGNED THE ABOVE FORM, LEAVE THIS SECTION BLANK)*

I _____ *(Adult's name)* *do solemnly declare that I am the* ❑ *mother,* ❑ *father,* ❑ *no relation of* _____ *(Child's name)*

The ❑ *mother,* ❑ *father,* ❑ *parent is /are unable to complete and sign the registration because:*

1. ❑ *The father is unknown by the mother.*
2. ❑ *The father is unacknowledged by the mother or the father refused to acknowledge the child.*
3. ❑ *The father is incapable.*
4. ❑ *The mother is incapable.*
5. ❑ *Both parents are incapable.*

Reasons not capable: _____

_____ *Signature of Mother/Declarant*