

APPLICANT'S INFORMATION		SHADED AREAS FOR OFFICE USE ONLY				
SURNAME	GIVEN NAMES					
MAILING ADDRESS						
CITY, PROVINCE/STATE, COUNTRY	POSTAL CODE					
HOME PHONE NUMBER (INCLUDING AREA CODE)	WORK PHONE NUMBER (INCLUDING AREA CODE)					
STATE YOUR RELATIONSHIP TO THE PERSON NAMED IN EVENT						
CHANGE TO BIRTH	PROVIDE DETAILS OF BIRTH AS CURRENTLY REGISTERED					
	SURNAME (IF FOR MARRIED WOMAN MAIDEN/BIRTH SURNAME) (GIVEN NAMES)				SEX	
	MONTH	DATE OF BIRTH DAY	YEAR	PLACE OF BIRTH (CITY, TOWN OR VILLAGE)		
				BRITISH COLUMBIA		
SURNAME OF FATHER (GIVEN NAMES)			BIRTHPLACE OF FATHER (CITY, PROV/STATE, COUNTRY)			
MAIDEN SURNAME OF MOTHER (GIVEN NAMES)			BIRTHPLACE OF MOTHER (CITY, PROV/STATE, COUNTRY)			
CHANGE TO MARRIAGE	PROVIDE DETAILS OF MARRIAGE AS CURRENTLY REGISTERED					
	SURNAME OF GROOM (GIVEN NAMES)			BIRTHPLACE OF GROOM (CITY, PROV/STATE, COUNTRY)		
	SURNAME OF BRIDE PRIOR TO MARRIAGE (GIVEN NAMES)			BIRTHPLACE OF BRIDE (CITY, PROV/STATE, COUNTRY)		
	MONTH	DATE OF MARRIAGE DAY	YEAR	PLACE OF MARRIAGE (CITY, TOWN OR VILLAGE)		
			BRITISH COLUMBIA			
CHANGE TO DEATH	PROVIDE DETAILS OF DEATH AS CURRENTLY REGISTERED					
	SURNAME OF DECEASED (GIVEN NAMES)			MONTH	DATE OF DEATH DAY	YEAR
	PLACE OF DEATH (CITY, TOWN OR VILLAGE)			SEX	AGE	
				BRITISH COLUMBIA		
PERMANENT RESIDENCE OF DECEASED PRIOR TO DEATH			PLACE OF BIRTH (CITY, PROV/STATE, COUNTRY)			

The following items of information are incorrect or missing:

The items listed above, should read as follows:

I desire the correction(s) as shown above to be made pursuant to section 29 (4) of the *Vital Statistics Act*, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and enclose herewith proof of the correct information.

Declared before me at _____
 in the Province of British Columbia, this _____
 day of _____, _____ Year

* _____
 (Signature of Declarant)

* _____
 (Signature of Declarant)

Notary Public, Vital Statistics Registrar of Births, Deaths, and Marriages,
 or Commissioner for Taking Affidavits, etc.

* Note: Signatures of both parents are required for a change to the birth record of a minor child.

Corrections to Registrations

NOTE: No change may be made to the name of a "child" on a birth record, except to the given name if requested within one year of the date of birth.

To make the required change, the following is required:

1. Completion of this form, "Statutory Declaration Re: Error or Omission in Registration".

Please note: When completing a Statutory Declaration, the signature(s) must be witnessed by a person authorized for taking oaths and affidavits. Legislation allows those who are specifically authorized to witness signatures to charge a fee for this service. You may wish to check with the office in advance to determine this fee.

2. Provide proof to support the requested change. Acceptable evidence would be:

- ◆ Certified copy of Birth certificate
- ◆ Certified copy of Canadian citizenship papers/card
- ◆ Certified copy of Canadian Resident card
- ◆ Certified copy of Landed immigrant papers

3. Payment of the legislated fee for a correction or omission in registration.

4. The issuance of a certificate reflecting a correction may be ordered following the change.

Please note: All previous issued certificates must be returned to the Vital Statistics Agency after the completion of an amendment or correction to a record as the certificates are no longer valid.

For further assistance, and current fees please contact one of our offices listed below.

MAILING ADDRESS AND TELEPHONE NUMBERS FOR SERVICE OR GENERAL INFORMATION

Vital Statistics Agency
PO BOX 9657
STN PROV GOVT
Victoria BC V8W 9P3
Location: 818 Fort Street, Victoria BC
Telephone: 250 952-2681

OTHER VITAL STATISTICS AGENCY OFFICES

Vital Statistics Agency
250 - 605 Robson Street
Vancouver BC V6B 5J3

Vital Statistics Agency
101 - 1475 Ellis Street
Kelowna BC V1Y 2A3
Phone: 250 712-7562

Vital Statistics Agency
433 Queensway Street
Prince George BC V2L 5M2
Phone: 250 565-7105

The information on this form is collected under the authority of the *Vital Statistics Act* (RSBC 1996, c479 s 3(1)). The information provided will be used to correct the registration, produce certificates and provide statistical and demographic information required for the administration of the Health Care system. If you have any questions about collection and use of this information contact a Vital Statistics Client Service Representative at 250 952-2681, or write to the mailing address given above. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*.