

STATE YOUR RELATIONSHIP TO THE PERSON NAMED IN EVENT (FATHER OR MOTHER)		<b>SHADED AREA FOR OFFICE USE ONLY</b>											
SURNAME <span style="float: right;">GIVEN NAMES</span>		<b>AFS NUMBER</b>											
MAILING ADDRESS (PLEASE PRINT CLEARLY)		<b>BIRTH REGISTRATION NUMBER</b>											
CITY, PROVINCE, STATE, COUNTRY		POSTAL CODE											
HOME NUMBER (INCLUDING AREA CODE)		WORK NUMBER (INCLUDING AREA CODE)											

PROVIDE DETAILS OF BIRTH AS CURRENTLY REGISTERED			
<b>DETAILS OF BIRTH AS REGISTERED</b>	SURNAME <span style="float: right;">GIVEN NAMES</span>		SEX
	DATE OF BIRTH MONTH    DAY    YEAR	PLACE OF BIRTH (CITY, TOWN OR VILLAGE)	
	MAIDEN SURNAME OF MOTHER <span style="float: right;">GIVEN NAMES</span>		BIRTHPLACE OF MOTHER (CITY, PROV/STATE, COUNTRY)

I desire the following particulars be added to the birth record for the above child:

FATHER						
<b>NAME OF FATHER</b>	SURNAME OF CHILD'S FATHER <span style="float: right;">ALL GIVEN NAMES IN FULL</span>					
<b>DATE AND PLACE OF BIRTH</b>	CITY OF BIRTH			PROVINCE/STATE OF BIRTH		
	COUNTRY OF BIRTH				PERSONAL HEALTH NUMBER (Care Card Number)	
	MONTH (By Name) DATE OF BIRTH DAY    YEAR	AGE (at time of child's birth)	B.C. RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ABORIGINAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Registration Number (INAC)	

CHILD'S NAME TO BE CHANGED TO AS PER COURT ORDER	
	SURNAME <span style="float: right;">GIVEN NAMES</span>

### CERTIFICATION OF APPLICANT

I request this amendment be made on the registration of birth pursuant to section 3(6)(d) of the *Vital Statistics Act* and in accordance with the attached court order. I certify that the foregoing is true and correct to the best of my knowledge and belief.

**X** \_\_\_\_\_  
**Signature of Applicant** **Date Signed**

<b>PAYMENT METHOD</b> <span style="float: right;">SUBMITTED BY</span> <input type="checkbox"/> Cheque ..... <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Money Order ..... <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Credit Card (complete Credit Card section on the right) <b>FEE - \$27.00 (Post dated cheques not accepted)</b> <b>AMOUNT ENCLOSED \$</b> _____ * Interac/Cash payment may be made in person at one of our four offices	<b>CREDIT CARD</b> <span style="float: right;">SUBMITTED BY</span> <input type="checkbox"/> Visa ..... <input type="checkbox"/> MasterCard ..... <input type="checkbox"/> American Express ..... Credit Card number: # _____ Card holder name as shown on Credit Card _____ Expiry date _____ _____ <i>Card holder signature</i> <b>NOTE:</b> The additional cost for credit card transactions ( <b>\$5.95</b> ) is collected as a service fee by VitalChek.
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## ADDING PATERNITY INFORMATION

To make the requested addition to a birth record, the following is required:

1. Completion of this form, "Application to Add Paternity Information".
  - Provide all details of the birth as currently registered
  - Ensure all identification particulars for the father are provided
  - Date and sign the application form
2. Enclose an original or certified copy of a court order made pursuant to Section 3(6)(d) of the *Vital Statistics Act*.
3. Payment of the legislated fee required under Section 29 of the *Vital Statistics Act* for correction of errors and omissions in registration.

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