

APPLICATION FOR CERTIFICATE OF:
 BIRTH **MARRIAGE** **DEATH**

Once complete, return this form with payment to the address on reverse

This personal information is being collected under the authority of the *Vital Statistics Act* and will be used to issue certificates for births, deaths and marriages. This information is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Department of Health and Social Services (see contact information provided on this form).

IF BIRTH CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname (If married, maiden surname)		Given Name(s)		Birth date Y / M / D		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Place of Birth (City/Town/ Village) NORTHWEST TERRITORIES							
Surname of Father		Given Name(s)		Birthplace of Father			
Maiden Surname of Mother		Given Name(s)		Birthplace of Mother			
Date of Registration <small>OFFICE USE ONLY</small>	Registration Number <small>OFFICE USE ONLY</small>	Type of Certificate Required (specify quantity) _____ Wallet _____ Paper (Framing) _____ Restricted Photocopy (Long Form)					

IF MARRIAGE CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname of First Party		Given Name(s)		Birthplace of First Party			
Surname of Second Party		Given Name(s)		Birthplace of Second Party			
Date of Marriage - Y/M/D		Place of Marriage (City/Town/ Village) NORTHWEST TERRITORIES					
Date of Registration <small>OFFICE USE ONLY</small>	Registration Number <small>OFFICE USE ONLY</small>	Type of Certificate Required (specify quantity) _____ Wallet _____ Paper (Framing) _____ Restricted Photocopy (Long Form)					

IF DEATH CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname of Deceased		Given Name(s)		Age	Date of Death Y / M / D		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Place of Death (City/Town/ Village) NORTHWEST TERRITORIES								
Permanent Residence of Deceased, prior to death						Marital Status		
Mother's Name			Father's Name			If Married, Spouse's Name		
Date of Registration <small>OFFICE USE ONLY</small>	Registration Number <small>OFFICE USE ONLY</small>	Type of Certificate Required (specify quantity) _____ Paper (Framing)						

PLEASE INDICATE REASON FOR APPLICATION

Signature of Applicant <i>X</i>				Date - Y/M/D	State Relationship to Person Named	Fee Enclosed \$
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MAILING ADDRESS (PLEASE PRINT)

Name Certificate is Being Mailed To				Home Phone No. ()				Work Phone No. ()							
Mailing Address								City/Town/Village				Postal Code 			

OFFICE USE ONLY

Amount Received	Refund/Return	Notes
Receipt No.		

<p>WOULD YOU LIKE US TO CALL YOU FOR CREDIT CARD INFORMATION?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Date Received - Y/M/D	Date Processed - Y/M/D
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