

REGISTRATION OF LIVE BIRTH

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

| DOCUMENT CONTROL NUMBER | REGISTRATION NUMBER (Office use only) |
|-------------------------|---------------------------------------|
| | |

| | PLEASE PRINT | | | | | | | | |
|-------------------------------------|--|---|------------------------------|--|---|--------------------------|--|---|--|
| | | FIRST NAME | | MIDDLE N | NAME(S) | | SURNAME | | SEX OF CHILD |
| | Name: | | | | | | | | |
| | M | ONTH DAY | YEAR | ŀ | (IND OF BIRTH | | BIRTH ORDER, IF TWIN, ST | ATE WHETHER TH | IS CHILD WAS BORN |
| | Date of Birth: | st 3 letters) | | Single | Twin Triplet | 4+ | 1st . | 2nd 🔲 3rd | 4+ |
| | | 24 HOUR CLOCK | HOSPITA | AL BIRTH? NA | ME OF HOSPITAL | | | | |
| | | | Yes | | | | | | |
| CIIII D/C | Time of Birth: | hh: mm | | | ACE (DV NAME) | | | | |
| CHILD'S | | | CITY, IC | OWN OR OTHER PL | ACE (BY NAIVIE) | | | | |
| INFORMATION | Place of Birth in BC | | | | | | | | |
| | If birth did not occur in hospin | tal give exact location wh | ere birth oc | curred | | | | | POSTAL CODE |
| | | | | | | | | | |
| | Children ever born to this mot | her (including this birth) |) , | Are parents married | If the parents are not | married t | o each other state whether mot | her is: | |
| | Number of Liveborn | Number of Stillborn | | to each other? | Never married | $\bigcap_{i=1}^{n} M_i$ | = | | |
| | | (after 20 weeks of pregnancy) | | Yes No | ☐ Divorced | ☐ Sep | parated | | |
| | Full name of attending physici | | | | | | | | |
| | Attending Physician | n/Midwife: FIRST NAME | | MIDDLE | IAME(C) | NAAIF | DENI CLIDNIAME (CLIDNIAME | AT DIDTU | |
| | | FIRST NAME | | MIDDLE | NAIVIE(5) | IVIAIL | DEN SURNAME (SURNAME) | AI DIKIN) | |
| | Name: | | | | | | | | |
| | | ONTH DAY st 3 letters) | YEAR | | CITY OF BIRTH | | PROVINCE OF BIRTH | COUN | ITRY OF BIRTH |
| | Date of Birth: | | | | | | | | |
| | AGE AT TIME OF THIS BIRTI | H BC RESIDENT? | PERSONA | AL HEALTH NUMBE | R (CARECARD NUMBER | R) A | BORIGINAL? | OO YOU LIVE ON A | RESERVE? |
| | | Yes No | | | | | Yes No | Yes . | No |
| MOTHER'S | USUAL RESIDENCE | STREET | | CITY | PROVINCE/STATE | CO | OUNTRY POSTAL COL | DE PH | ONE NUMBER |
| INFORMATION | | | | | | | | () | _ |
| INIONMATION | COMPLETE MAILING ADDRE | ESS (If different than ah | ove vive Pos | t Office or Rural Ro | ute address) City Province | State C | Country Postal Code | PH | ONE NUMBER |
| | OOM LETE WALLING ABBIT | 200 (1) anjiririn man avi | 000 8000 1 00 | o Syste or Rusius Ro | are according, 1 Tovilloo | , οιαιο, ο | odinity, i obtai oodo | () | _ |
| | T | | C 1 | 1.1.11.0 | | | NAC NAC | NITH DAY | VEAD |
| | I certify that the foregoing is tr | ue and correct to the best | of my knoi | vledge and belief. | | | | ONTH DAY 3 letters) | YEAR |
| | x_{-} | | | | | | | | |
| | | | Signature | of Mother* | | | | Date Signed | <u>'</u> |
| | * If the mother of the child bei | ing registered is not party | to the comp | oletion of this form p | lease contact the Vital Stati | istics Agen | ncy for instructions on how to r | register the birth. | |
| | IF THE FATHER IS NOT BEI | NG REGISTERED BEL | ow, For c | ONE OF THE FOLL | OWING REASONS, PLEA | ASE CHE | CK THE FOLLOWING STAT | EMENT: | |
| | I AM THE MOTHER OF THIS | CHILD AND DO SOLEN | INLY DECL | ARE THAT: | | | | | |
| STATEMENT | THE FATHER IS INCA | APABLE** OR THE FATH | IER IS UNA | CKNOWLEDGED E | Y THE MOTHER OR THE | FATHER | IS UNKNOWN BY THE MOT | HER OR THE FATH | IER REFUSED |
| | TO ACKNOWLEDGE | THE CHILD. | | | | | | | |
| | ** Requires proof of Father's in | | Statutory I | | | | | | |
| | | FIRST NAME | | MIDDLE N | IAME(S) | SUR | NAME | | SEX OF CO-PARENT |
| | Name: | | | | | | | | |
| | | ONTH DAY st 3 letters) | YEAR | | CITY OF BIRTH | | PROVINCE OF BIRTH | COUN | ITRY OF BIRTH |
| | Date of Birth: | | | | | | | | |
| | AGE AT TIME OF THIS BIRTI | H BC RESIDENT? | PERSON | AL HEALTH NUMBI | ER (CARECARD NUMBER | R) A | BORIGINAL? | O YOU LIVE ON A | RESERVE? |
| FATHER | | Yes No | | | | | Yes No | Yes . | No |
| OR | IF THIS SECTION IS COMP | LETED THEN SELECT | ONE AND | ONLY ONE OF A) | OR B) | | | | |
| CO-PARENT'S | A) I AM THE FATHER | OF THIS CHILD: | | | | | | | |
| | OR | , | | | | | | | |
| INFORMATION | | HER OF THIS CHILD B | UT HAVE A | GREED TO BE REC | SISTERED AS THE CO-PA | ARENT OF | F THIS CHILD. | | |
| | | | | | | | | NITH DAY | VEAD |
| | I certify that the foregoing is tr | ue and correct to the best | of my knoi | vledge and belief. | | | | ONTH DAY 3 letters) | YEAR |
| | x_{-} | | | | | | | | |
| | ~ | – – – – – – Signa | ture of Fath | her or Co-Parent*** | | | | Date Signed | , |
| | ***A co-parent is defined as a p | erson who is in a spousal | relationship | o with the mother of | the child, is not the father | of the chi | ild and the mother and co-pare | ent have agreed to be | e the parents of the child. |
| | • | | | | | | * | | |
| | | | | RELEASE OF IN | | | | | |
| _ | Executive Officer of the Vital Sta | | | • | 5 | | | | |
| Applying for a So the SIN applicati | cial Insurance Number (SIN) fo on. I understand that applying | or my child. The necessar for a SIN is optional. I | ry informati certify that | ion will be forwarde I am either a Cana | d to Service Canada (opera dian Citizen or a Permane | iting with nt Resider | nin Human Resources and Soci nt. For further information, i | al Development Car ncluding informatio | nada) to process n relating to your |

This is a legal document. Any changes must be initialled by both parents. Please do not use white out.



BIRTH CERTIFICATE ORDER FORM

If you wish to include an order for certificates for your newborn with the Birth Registration Form, please complete the following form, enclose with correct payment and mail in the envelope provided.

Prices are current as of January 1, 2008 and are subject to changes without notice. If ordering after April 1, 2009 contact our office for current fees.

| | F | OR OFFIC | E USE ONL | Y | | |
|--|---|----------|-----------|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| CERTIFICATE TYPE | QUANTITY | PRICE | AMOUNT |
|---|----------|--------------------|--|
| Official Birth Certificate for official identification | | | |
| Individual Information Only | | \$27 | |
| Includes Parental Information | | \$27 | |
| For security purposes the maximum number of Official Birth Certificates which may be ordered is TWO of each type. | | | |
| Commemorative Birth Certificates suitable for framing (11" x 14", 28cm x 35.5cm) | | | |
| Flowers of British Columbia | | \$50 | |
| Birds of British Columbia | | \$50 | |
| Animals of British Columbia | | \$50 | |
| Classic Style | | \$50 | |
| Newborn Style | | \$50 | |
| | | TOTAL | \$ |
| DAVAPNIT | | | |
| 1. Enclosed is a cheque/money order for \$ | 1 , | ne Minister of Fin | ance (postdated cheques not accep press (15 digits) |
| Enclosed is a cheque/money order for \$ | 1 , | | |

- Vital Statistics Offices also accept INTERAC™ if you submit this form in person.
- If all documents are correctly completed, processing, delivery and mail time is 2 to 3 weeks. They will be addressed to the child at the mother's mailing address shown on the birth registration form.

The information on the birth registration form is collected under the authority of the Vital Statistics Act (RSBC 1996, c, 479S 3(1)).

The information provided will be used to register this birth, produce birth certificates and provide statistical and demographic information required for the administration of the provincial health care system. If you have any questions about the collection and use of this information, contact the British Columbia Vital Statistics Agency at 250 952-2681.

Personal information collected by the British Columbia Vital Statistics Agency is protected under the Freedom of Information and Protection of Privacy Act and is treated with the utmost confidentiality.