

# STATUTORY DECLARATION

## Re: Alteration or Addition of a Given Name to a Birth Record

*Please read the instructions and documentation requirements on the reverse.*

APPLICANT'S INFORMATION		
Surname	Given Names	Contact Phone Number (with Area Code)
Mailing Address		Your Relationship (to the person named in the event)
City, Prov/State, Country		Postal Code

DETAILS OF BIRTH AS CURRENTLY REGISTERED		
Surname on Birth Record	Given Name(s) on Birth Record	Sex
Date of Birth Month   Day   Year	Place of birth (City, Town or Village)	<b>BRITISH COLUMBIA</b>
<u>Surname</u> of Father/Co-Parent	Given Name(s)	Birthplace of Father/Co-Parent (City, Prov/State, Country)
<u>Maiden Surname</u> of Mother	Given Name(s)	Birthplace of Mother (City, Prov/State, Country)

ALTERATION/ADDITION REQUESTED
Pursuant to: (check one) <input type="checkbox"/> Child is under 1 year old, Section 29 of the <i>Vital Statistics Act</i> . I request this alteration or addition of a given name for the following reasons: _____ <input type="checkbox"/> Child is over 1 year old, Section 10 of the <i>Vital Statistics Act</i> . Certified evidence of the usage of the proposed name(s) obtained <u>before</u> the child's 12th birthday, is attached. The given name(s) for the above birth to be registered as shown below: _____ (Full Given Names)

DECLARATION	
I desire the correction(s) as shown above to be made pursuant to the <i>Vital Statistics Act</i> . I have enclosed all certificates in my/our possession that relate to this event and understand that they will not be returned on completion of this alteration/amendment, 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.	
Declared before me at _____ in the Province of British Columbia, this _____ (Day) day of _____ (Month), _____ (Year)	_____ * (signature mother or declarant) _____ * (signature of father/co-parent or declarant ) _____ Notary Public, or Vital Statistic District Registrar of Births, Deaths, and Marriages, Commissioner for Taking Affidavits, etc.
* Please note: The signature of both parents is required for a change to the birth record of a minor.	

**Please complete the Services/Fees area on the reverse before submitting this request.**

## Alteration or Addition of a Given Name

Section 10 of the *Vital Statistics Act* provides the authority to make an alteration or addition to the given name(s) of a child where the name was changed or given to the child prior to their 12th birthday and is supported by documentatry evidence made prior to the 12th birthday.

Section 29 of the *Vital Statistics Act* provides the authority to correct an error or omission if the evidence provided is satisfactory to the Chief Executive Officer. By policy, the Chief Executive Officer has deemed that a statement in the form of an affidavit is sufficient for the purpose of alteration or addition of a given name for a child who has not yet turned one year old.

To make the required changes, the following is required:

1. Completion of the form, "Statutory Declaration Re: Alteration or Addition of a Given Name to a Birth Record".

Eligibility to make the change is restricted to both parents, the surviving parent, the guardian of the child or the child after the child has attained the age of 19 years.

2. Proof to support the requested alteration when made under Section 10. Acceptable evidence may be:

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>* Baptismal certificate</li> <li>* School records</li> <li>* Immunization cards</li> </ul> | } | <p><i>Documents providing proof of change to be made must be completed and dated prior to the person's 12th birthday and must be <u>certified</u>.</i></p> |
|---|---|--|

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 previously issued certificates must be returned to the Vital Statistics Agency with this request for an Alteration or Addition of a Given Name to a Birth Record as the certificate(s) will no longer be valid, following the amendment.

SERVICES/FEES	
<p><i>* The fee for the Alteration or Addition of a Given Name on a Birth Record is \$27.00 and does not include a new certificate. If you wish to order new certificate(s) please complete the following and add the additional payment to the total. The birth certificate is available in 2 versions. One contains personal information only, the other also includes parental information. Both are the same size (12.5cm x 17.6cm). The two versions are mailed separately.</i></p>	
<p><b>Regular Service</b> - \$27.00 per certificate (average 5 to 7 days processing time) <i>All services, other than rush services, will be mailed.</i></p> <p><input type="checkbox"/> Certificate (Individual Information only)    <input type="checkbox"/> Certificate (Includes Parental Information)</p> <p><input type="checkbox"/> Registration Photocopy, Regular Service - \$50.00 per photocopy</p>	<p><b>Rush Service*</b> - \$60.00 per certificate (24 hours processing time) <i>*Rush service is only available for certificate production. 24 hour service indicates in-office processing time. Courier time is additional.</i></p> <p><input type="checkbox"/> Certificate (Individual Information only)    <input type="checkbox"/> Certificate (Includes Parental Information)</p> <p><input type="checkbox"/> Registration Photocopy, Rush Service - \$60.00 per photocopy</p>
<b>Payment Methods</b>	
<p><input type="checkbox"/> Cheque                      <input type="checkbox"/> Money Order                      <input type="checkbox"/> Visa                      <input type="checkbox"/> MasterCard                      <input type="checkbox"/> American Express</p> <p><b>Postdated cheques not accepted</b></p> <p>Interac/Cash payment may be made in person at one of our four offices. Cheque or money order made payable to the Minister of Finance.</p>	
<p>Credit Card # _____ Expiry date _____</p>	
<p style="text-align: right;"><i>PRINT</i> Card holder name as shown on Credit Card</p>	
<p><b>AMOUNT ENCLOSED FOR:</b></p> <p><b>Correction</b>                      <b>\$27.00</b></p> <p><b>New Certificate</b>                      _____</p> <p><b>Total Amount Enclosed</b>                      _____</p>	
<p style="text-align: right;">Card holder signature _____</p>	

### 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  
 General Inquiries: 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

Vital Statistics Agency  
433 Queensway Street  
Prince George BC V2L 5M2

Phone: 250-712-7562

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*.