

APPLICATION TO ADD PATERNITY INFORMATION

STATE YOUR RELATIONSHIP TO THE PERSON NAMED IN EVENT (FATHER OR MOTHER)		SHADED AREA FOR OFFICE USE ONLY																			
SURNAME												AFS NUMBER									
GIVEN NAMES												BIRTH REGISTRATION NUMBER									
MAILING ADDRESS (PLEASE PRINT CLEARLY)												BIRTH REGISTRATION NUMBER									
CITY, PROVINCE, STATE, COUNTRY		POSTAL CODE																			
HOME NUMBER (INCLUDING AREA CODE)		WORK NUMBER (INCLUDING AREA CODE)																			

PROVIDE DETAILS OF BIRTH AS CURRENTLY REGISTERED

DETAILS OF BIRTH AS REGISTERED	SURNAME		GIVEN NAMES					SEX		
	MONTH	DATE OF BIRTH DAY	YEAR	PLACE OF BIRTH (CITY, TOWN OR VILLAGE)					BRITISH COLUMBIA	
	MAIDEN SURNAME OF MOTHER			GIVEN NAMES		BIRTHPLACE OF MOTHER (CITY, PROV/STATE, COUNTRY)				

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

FATHER

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

CHILDS NAME TO BE CHANGED TO AS PER COURT ORDER

	SURNAME	GIVEN NAMES
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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

<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	
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.		Credit Card # _____	Expiry date _____		
Postdated cheques not accepted		_____ <i>PRINT</i> Card holder name as shown on Credit Card			
AMOUNT ENCLOSED \$ _____		_____ Card holder signature			

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 BRITISH COLUMBIA VITAL STATISTICS AGENCY OFFICES

Vancouver:

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

Kelowna:

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

Prince George:

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