

# APPLICATION TO ADD PATERNITY INFORMATION

STATE YOUR RELATIONSHIP TO THE PERSON NAMED IN EVENT (FATHER OR MOTHER)					SHADED AREA FOR OFFICE USE ONLY				
CLIDALAME	GIVEN NAMES	MES			AFS NUMBER				
SURNAME	GIVEN NAMES								
MAILING ADDRESS (PLEASE PRINT CLEARLY)					BIRTH REGISTRATION NUMBER				
CITY, PROVINCE, STATI	POSTAL CC	DE .		-					
HOME NUMBER (INCL)	IDING AREA CODE)	WORK NI IMPE	B (INCLUDING AREA CODE)						
HOME NUMBER (INCLUDING AREA CODE)  WORK NUMBER (INCLUDING AREA CODE)									
PROVIDE DETAILS OF BIRTH AS CURRENTLY REGISTERED									
	SURNAME GIVEN N							SEX	
DETAILS OF	DATE OF BIRTH PLACE OF BIRTH (CITY, TOWN OR VILLAGE)							BRITISH	
BIRTH AS	MONTH DAY YEAR					COLUMBIA			
REGISTERED 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	SURNAME OF CHILD'S FAT	HER		ALL GIVEN I	NAMES IN	FULL			
FATHER	ALL STEET TOWNS OF THE STEET TOW								
174111214	CITY OF BIRTH				PRO'	VINCE/STATE OF BIRTI	H		
DATE AND									
DATE AND PLACE OF	COUNTRY OF BIRTH						PERSONAL HEALTH NUMBER	(Care Card Number)	
BIRTH									
Direction 1	AGE (at time of child's birth)	at time of child's birth) B.C. RESID		ABORIGINAL?	If Yes, Registration Number (IN.	stration Number (INAC)			
	MONTH DAY  (By Name)	YEAR		YES	□ NO	YES NO			
CHILDS NAME TO BE CHANGED TO AS PER COURT ORDER									
SURNAME GIVEN NAMES									
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			
☐ Cheque	☐ Money	/ Order	□ Visa			MasterCard	☐ Am	erican 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.							Expiry date		
Postdated cheques not accepted									
	-				PRINT	Card holder name as	shown on Credit Card		
AMOUNT ENC	LOSED \$				Card holder s	ignature			
						Gara Holael S	ngi iatui o		

The information on this form is collected under the authority of the *Vital Statistics Act* (RSBC 1979, c,425s 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 representative in your area or call 250 952-2681. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*.

## 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