

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

CHILD'S INFORMATION

FIRST NAME		MIDDLE NAME(S)		SURNAME		SEX OF CHILD
Name:						
MONTH <i>(First 3 letters)</i>	DAY	YEAR	KIND OF BIRTH		BIRTH ORDER, IF TWIN, STATE WHETHER THIS CHILD WAS BORN	
Date of Birth:			<input type="checkbox"/> Single	<input type="checkbox"/> Twin	<input type="checkbox"/> Triplet	<input type="checkbox"/> 4+
24 HOUR CLOCK		HOSPITAL BIRTH?	NAME OF HOSPITAL			
Time of Birth:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
hh : mm		CITY, TOWN OR OTHER PLACE (BY NAME)				
Place of Birth in BC:						
<i>If birth did not occur in hospital give exact location where birth occurred</i>						POSTAL CODE
Children ever born to this mother (including this birth)		Are parents married to each other?		If the parents are not married to each other state whether mother is:		
Number of Liveborn _____	Number of Stillborn _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed		
<i>(after 20 weeks of pregnancy)</i>				<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other _____		
Full name of attending physician or midwife						
Attending Physician/Midwife:						

MOTHER'S INFORMATION

FIRST NAME		MIDDLE NAME(S)		MAIDEN SURNAME (SURNAME AT BIRTH)		
Name:						
MONTH <i>(First 3 letters)</i>	DAY	YEAR	CITY OF BIRTH		PROVINCE OF BIRTH	COUNTRY OF BIRTH
Date of Birth:						
AGE AT TIME OF THIS BIRTH	BC RESIDENT?	PERSONAL HEALTH NUMBER (CARECARD NUMBER)		ABORIGINAL?	DO YOU LIVE ON A RESERVE?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
USUAL RESIDENCE	STREET	CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE	PHONE NUMBER
COMPLETE MAILING ADDRESS <i>(If different than above give Post Office or Rural Route address)</i> City, Province, State, Country, Postal Code						PHONE NUMBER
I certify that the foregoing is true and correct to the best of my knowledge and belief.						MONTH <i>(First 3 letters)</i>
X _____						DAY
Signature of Mother*						YEAR
						Date Signed

STATEMENT

IF THE FATHER IS NOT BEING REGISTERED BELOW, FOR ONE OF THE FOLLOWING REASONS, PLEASE CHECK THE FOLLOWING STATEMENT:

I AM THE MOTHER OF THIS CHILD AND DO SOLEMNLY DECLARE THAT:

THE FATHER IS INCAPABLE** OR THE FATHER IS UNACKNOWLEDGED BY THE MOTHER OR THE FATHER IS UNKNOWN BY THE MOTHER OR THE FATHER REFUSED TO ACKNOWLEDGE THE CHILD.

** Requires proof of Father's incapacity in the form of a Statutory Declaration.

FATHER OR CO-PARENT'S INFORMATION

FIRST NAME		MIDDLE NAME(S)		SURNAME		SEX OF CO-PARENT
Name:						
MONTH <i>(First 3 letters)</i>	DAY	YEAR	CITY OF BIRTH		PROVINCE OF BIRTH	COUNTRY OF BIRTH
Date of Birth:						
AGE AT TIME OF THIS BIRTH	BC RESIDENT?	PERSONAL HEALTH NUMBER (CARECARD NUMBER)		ABORIGINAL?	DO YOU LIVE ON A RESERVE?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF THIS SECTION IS COMPLETED THEN SELECT ONE AND ONLY ONE OF A) OR B)						
A) <input type="checkbox"/> I AM THE FATHER OF THIS CHILD;						
OR						
B) <input type="checkbox"/> I AM NOT THE FATHER OF THIS CHILD BUT HAVE AGREED TO BE REGISTERED AS THE CO-PARENT OF THIS CHILD.						
I certify that the foregoing is true and correct to the best of my knowledge and belief.						MONTH <i>(First 3 letters)</i>
X _____						DAY
Signature of Father or Co-Parent***						YEAR
						Date Signed

RELEASE OF INFORMATION

I authorize the Chief Executive Officer of the Vital Statistics Agency to release the necessary information contained in this registration to the relevant Federal Government authorities for the purpose of:

- Applying for a Social Insurance Number (SIN) for my child. The necessary information will be forwarded to Service Canada (operating within Human Resources and Social Development Canada) to process the SIN application. I certify that I am either a Canadian Citizen or a Permanent Resident. For further information, including information relating to your privacy rights, see the enclosed Service Canada insert or information can be obtained at www.servicecanada.gc.ca.

Signature of Parent