

APPLICATION FOR BIRTH CERTIFICATE

**PLEASE READ IMPORTANT INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS APPLICATION
EACH SECTION MUST BE FULLY COMPLETED**

APPLICANT INFORMATION	NAME		
	MAILING ADDRESS		
	ADDRESS (con't)		CITY & PROVINCE
	HOME TELEPHONE		BUS. TELEPHONE
			FAX NO. (if applicable)
	STATE YOUR RELATIONSHIP TO THE SUBJECT NAMED ON THE BIRTH CERTIFICATE YOU ARE REQUESTING		FOR OFFICE USE ONLY
<input type="checkbox"/> SELF (YOU MUST BE AT LEAST 16 YEARS OF AGE) <input type="checkbox"/> MOTHER (IF CHILD IS UNDER 19 YEARS OF AGE) <input type="checkbox"/> FATHER (IF CHILD IS UNDER 19 YEARS OF AGE) <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
SIGNATURE OF APPLICANT			
REASON CERTIFICATE IS REQUIRED			
PLEASE CHECK ONLY ONE OF THE FOLLOWING: <input type="checkbox"/> I WILL PICK UP THE CERTIFICATE, OR <input type="checkbox"/> SEND CERTIFICATE BY MAIL			

CONSENT	<p>If you are not the subject named on the birth certificate requested (or if you are a parent applying for your adult child's birth certificate - child 19 years of age or over), written consent is required. Please ensure that this section is signed by the subject named on the birth certificate or that a signed and dated letter of consent is provided with your application.</p> <p>I, _____, authorize that my birth certificate be issued to the applicant stated above.</p> <p style="text-align: center;">SUBJECT NAMED ON BIRTH CERTIFICATE</p> <p>_____</p> <p style="text-align: center;">SIGNATURE OF SUBJECT OF BIRTH CERTIFICATE</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">DATE</p>
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BIRTH INFORMATION	SURNAME AT BIRTH		ALL GIVEN NAMES	<input type="checkbox"/> FEMALE
	DATE OF BIRTH		PLACE OF BIRTH (CITY OR TOWN)	<input type="checkbox"/> MALE
	MONTH	DAY	YEAR	NL
	SURNAME OF FATHER/OTHER PARENT		(GIVEN NAMES)	
	BIRTH SURNAME OF MOTHER		(GIVEN NAMES)	
	CERTIFICATE REQUIRED:			
		<input type="checkbox"/> LONG FORM	<input type="checkbox"/> SHORT FORM	*NOTE: Short Form will be issued if neither is specified. Short form does not contain parent's names
IS THIS PERSON DECEASED?				
		<input type="checkbox"/> YES - PROOF OF DEATH MUST BE ATTACHED	<input type="checkbox"/> NO	

FOR OFFICE USE ONLY	SEARCH	INITIALS	DATE	RECORD NO.
	SECOND SEARCH			DATE OF REGISTRATION
	ISSUED			CERTIFICATE NO.
	ACCEPTABLE ID PRESENTED?		ENTITLED?	FILE NO.
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	RECEIPT NO.
				AMOUNT RECEIVED
			REFUND	

METHOD OF PAYMENT			
<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
CREDIT CARD NUMBER _____		EXPIRY DATE: _____	
SIGNATURE _____			

PRIVACY NOTICE

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*. The Information provided will be used to fulfill the requirements of the *Vital Statistics Act* for the release of birth information. If you have any questions about the collection or use of this information, please contact a Vital Statistics Client representative at your nearest Government Service Centre.

WHO IS ENTITLED TO APPLY FOR A BIRTH CERTIFICATE?

- You, if you are the subject of the birth certificate. You must be at least sixteen years of age.
- A parent of a child (as established by registration documents or by court documents) until the child reaches the age of 19 years or if the child is incapable because of physical or mental incapacity.
- A custodial guardian (if no parent is capable). Proof of guardianship is required.
- A person with written authorization from one of the above.
- A person with a court order.
- A person who requires it to comply with a specific Act or Regulation - proof is required.
- When the individual is deceased (proof of death is required):
 - next of kin;
 - the executor, trustee or administrator of the estate; or
 - a person with written authorization from one of the above.

Short form birth certificates include the following information:

FULL NAME of the INDIVIDUAL, DATE OF BIRTH, PLACE OF BIRTH, SEX, REGISTRATION NUMBER, REGISTRATION DATE, and DATE ISSUED.

A long form birth certificate also contains the parents' names.

Certificates contain information extracted from the original registration filed in our office.

IDENTIFICATION

Any person applying for a certificate is required to present acceptable identification - one piece of photo ID or two pieces of other ID, at least one of which contains their signature or address. A person who has written authorization to apply for or pick up someone else's certificate is required to present their own ID. Persons applying by mail or fax are required to submit photocopies of their ID documents.

TO AVOID DELAY

Complete the appropriate sections in full. **(All requests with incomplete information must be accompanied by a written explanation for the omission.)**

Payment must be enclosed with the application and can be either by cheque or money order (Canadian Funds) payable to the Newfoundland Exchequer Account. **It is against Postal Regulations to send cash through the mail.**

Be sure your address and telephone number are correct and are clearly printed.

Please indicate whether you wish to receive your certificate by mail or will pick it up.

Service is available at the following locations:

GOVERNMENT SERVICE CENTRES

ST. JOHN'S OFFICE

5 Mews Place
P. O. Box 8700
St. John's, NL A1B 4J6
Telephone: (709) 729-3308
Facsimile: (709) 729-0946

HARBOUR GRACE OFFICE

P. O. Box 512
7-9 Roddick Crescent
Harbour Grace, NL A0A 2M0
Telephone: (709) 945-3106/3107
Facsimile: (709) 945-3114

CLARENVILLE OFFICE

2 Masonic Terrace
Clarenville, NL A5A 1N2
Telephone: (709) 466-4061/4068
Facsimile: (709) 466-4070

GANDER OFFICE

Fraser Mall, 230 Airport Blvd.
P. O. Box 2222
Gander, NL A1V 2N9
Telephone: (709) 256-1420
Facsimile: (709) 256-1438

GRAND FALLS-WINDSOR OFFICE

Office Location: 9 Queensway
Mailing Address:
3 Cromer Avenue
Grand Falls-Windsor, NL A2A 1W9
Telephone: (709) 292-4348/4206
Facsimile: (709) 292-4528

CORNER BROOK OFFICE

133 Riverside Drive, Noton Bldg.
P. O. Box 2006
Corner Brook, NL A2H 6J8
Telephone: (709) 637-2387/2389/2490
Facsimile: (709) 637-2905

HAPPY VALLEY-GOOSE BAY OFFICE

13 Churchill Street, Thomas Building
P. O. Box 3014, Strn. "B"
Happy Valley-Goose Bay, NL
A0P 1E0
Telephone: (709) 896-5428/5430
Facsimile: (709) 896-4340

GRAND BANK OFFICE

Office Location: Buffett Building
Mailing Address:
P. O. Box 479
Grand Bank, NL A0E 1W0
Telephone: (709) 832-1672
Facsimile: (709) 832-1792

STEPHENVILLE OFFICE

35 Alabama Drive
Stephenville, NL A2N 3K9
Telephone: (709) 643-8650/8635
Facsimile: (709) 643-8654

ST. ANTHONY OFFICE

Viking Mall
P. O. Box 28
St. Anthony, NL A0K 4S0
Telephone: (709) 454-8833
Facsimile: (709) 454-3206

LABRADOR CITY OFFICE

118 Humphrey Road
Labrador City, NL A2V 2J8
Telephone: (709) 944-5859
Facsimile: (709) 944-5630