

If you have any questions, please contact the Office of the Registrar General  
P.O. Box 4600, 189 Red River Road  
Thunder Bay ON P7B 6L8  
1-800-461-2156 or 416-325-8305 or Fax. 807-343-7459

**(THIS SPACE RESERVED FOR OFFICE USE ONLY)**

**Please PRINT clearly in blue or black ink.**  
**In the context of this form, the word "Applicant" refers to the person completing this Request.**  
**This may or may not be the 'Person Named on the Birth Certificate'.**

**Applicant's Name**

First Name	Last Name
------------	-----------

**Mailing Address**

Organization / Firm (if applicable)				
Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City		Province		
Country	Postal Code	Telephone Number ( )	Ext.	

**What Information are you Requesting and How much will it Cost?**

- Birth Certificate (Short form) Not issued for deceased persons**  
This includes basic information, such as name, date and place of birth  
First birth certificate.....\$25.00 \$   
Replacement birth certificate.....\$35.00 \$
- Certified Copy of Birth Registration (Long form)**  
This contains all registered information, including parent's information and signatures.  
It is provided in the form of a certified copy.  
First certified copy of Birth Registration.....\$35.00 \$   
Replacement certified copy of Birth Registration.....\$45.00 \$
- Search Letter**  
This is a letter saying the record is or is not on file. If you don't know the exact date of the birth event, choose a year based on information you may have obtained for this purpose, and write it in the space provided for the date. We will search that whole year plus two years before and after, for a total of five years.  
Search Letter.....\$15.00 for each 5 year period to be searched \$

**Information**

If you're sending your payment from anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian clearing house, or by VISA, MasterCard or American Express. US applicants may submit a US Postal money order in US funds.

We will not accept post-dated cheques. We will charge \$35.00 if your cheque is rejected because of insufficient funds.

There is a limit on the number of documents issued. (See #7 on pg. 4).

Please note that fees are subject to change without notice. If you send your request by mail, you can pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard or American Express. At our public counter, you can also pay by cash or debit card.

<input type="checkbox"/> Cheque or Money Order. Please make payable to: "Minister of Finance"		Credit card payment: You must pay by credit card if you are faxing your application to us. Our fax number is <b>1-807-343-7459</b> .	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	
Card Number		Expiry Date (Month / Year)	
Name of Cardholder		Signature of Cardholder	

**Who is the Person Named on the Birth Certificate (each box must be filled in)**

Last Name (at time of Birth)			First Name			Middle Name(s)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Year   Month   Day		Place of Birth (City)			Weight at Birth	No. of older brothers / sisters born before this child	
Where did the birth take place <input type="checkbox"/> Hospital (name) _____ <input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> Home <input type="checkbox"/> Birthing Centre			You must check one box	<input type="checkbox"/> Physician <input type="checkbox"/> Midwife	<input type="checkbox"/> Other <input type="checkbox"/> Undetermined
Name of Doctor or Attendant (at birth)			Address of Doctor or Attendant					

**Parent(s) Information (at time of this child's birth)**

Mother's Maiden Name (see #1 on pg. 4)			First Name			Middle Name(s)		
Mother's Address (at the time of this child's birth)				City		Province		Country
Mother's Marital Status (at the time of this child's birth) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common law					Any Other Last Name(s) Used by Mother			
Mother's Age (at time of this birth)		Mother's Date of Birth Year   Month   Day		Mother's Place of Birth (City and Province / Country)				
Father's Last Name			First Name			Middle Name(s)		
Father's Age (at time of this birth)		Father's Date of Birth Year   Month   Day		Father's Place of Birth (City and Province / Country)				

Has a Birth Certificate (Short Form) been previously issued for this birth?  Yes  No

Has a Certified Copy of the Birth Registration been previously issued for this birth?  Yes  No

Has the person named on the Birth Registration ever had a legal name change?  Yes  No

If 'yes', provide previous name(s) below:

Last Name			First Name			Middle Name(s)		
Last Name			First Name			Middle Name(s)		

**\*\*All previously issued documents will be cancelled.**

**Who can Obtain this Information?**

<p><b>Where the person named on the certificate is alive (Check one or more boxes)</b></p> <p><input type="checkbox"/> The person named on the Birth Certificate is the 'Applicant'. (You must be at least 13 years of age)</p> <p>A parent of the person named on the Birth Certificate is the 'Applicant'. (Your name must appear on the Birth Registration)</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p><input type="checkbox"/> A person who has legal custody of the person named on the Birth Certificate is the 'Applicant'. (Proof of Custody is required)</p> <p><input type="checkbox"/> Proof of Custody attached.</p>	<p><b>Where the person named on the certificate is deceased, only a Certified Copy of the Birth Registration will be issued. (Check one or more boxes)</b></p> <p><input type="checkbox"/> The Next of Kin is the 'Applicant'. (see #2 on pg. 4)</p> <p>Specify relationship to deceased _____</p> <p><input type="checkbox"/> Proof of Death attached. (see #3 on pg. 4)</p> <p><input type="checkbox"/> Estate Trustee is the "Applicant". (see #4 on pg. 4) (Certificate of Appointment or similar proof required)</p> <p><input type="checkbox"/> Certificate of Appointment or similar proof attached. (see #5 on pg. 4)</p>
---	---

**Why are you requesting this information?**  
Please specify: \_\_\_\_\_

**You MUST check one of the following boxes:**

First time applying for Birth Certificate/ Certified Copy of Birth Registration

Lost Birth Certificate / Certified Copy of Birth Registration (see #6 on pg. 4)

Stolen Birth Certificate/ Certified Copy of Birth Registration (see #6 on pg. 4)

Damaged/destroyed Certificate / Certified Copy of Birth Registration (see #6 on pg. 4)

*I authorize the Office of the Registrar General to issue the requested document/information, and consent to the Ministry of Government Services collecting information about myself and the person named on the Birth Certificate (if other than myself) from the guarantor and such other sources as may be necessary to verify the information on this form and my entitlement to the service required and to the disclosure of such information to the Ministry of Government Services. I am aware that it is an offence to wilfully make a false statement on this form.*

Signature of Applicant		Daytime Telephone Number ( ) _____ Ext. _____		Date Signed Year   Month   Day		
------------------------	--	---	--	-----------------------------------	--	--

**To the Applicant**

Please select one of the following persons to act as your Guarantor. When contacted, the Guarantor will be asked to verify that:

- the statements made in this application are true;
- as the Guarantor, he or she is a Canadian citizen belonging to one of the listed categories; and
- he or she has known you (the applicant) for at least two years.

No person shall charge a fee for acting as a guarantor (Section 45.1(2) of the *Vital Statistics Act*).

The Applicant certifies that the individual named below has consented to act as Guarantor.

**The Guarantor**

The persons described in this section are prescribed as **guarantors** for the purposes of section 45.1 of the *Vital Statistics Act*:

1. Canadian citizens who have known the applicant for at least two years and who are **currently serving** as one of the following:
  - i. Judge, justice of the peace, municipal police officer, provincial police officer or officer of the Royal Canadian Mounted Police, First Nations police officers and constables.
  - ii. Mayor.
  - iii. Member of the Legislative Assembly of Ontario.
  - iv. Minister of religion authorized under provincial law to perform marriages.
  - v. Municipal clerk or treasurer who is a member of the Association of Municipal Managers, Clerks and Treasurers of Ontario.
  - vi. Notary public.
  - vii. Principal or vice-principal of a primary or secondary school.
  - viii. Senior administrator or professor in a university or a senior administrator in a community college or in a CEGEP in Quebec.
  - ix. Signing officer of a bank, caisse d'économie, caisse populaire, credit union or trust company.
  - x. Chief of a band recognized under the *Indian Act (Canada)*.

Canadian citizens who have known the applicant for at least two years and **who are practicing members in good standing** of a provincial regulatory body established by law to govern one of the following professions:

- i. Chiropractor, dentist, midwife, nurse, optometrist, pharmacist, physician or surgeon, psychologist or veterinarian.
- ii. Lawyer.
- iii. Professional accountant.
- iv. Professional engineer.
- v. Social worker or social service worker.
- vi. Teacher in a primary or secondary school.

The list above is not an endorsement by the Office of the Registrar General of professional status or recognition of superior qualifications.

**Name of Applicant (must be completed)**


Last Name	First Name
-----------	------------

**Guarantor Information**

Guarantor's Last Name	First Name
-----------------------	------------

Organization / Firm (if applicable)	Occupation	Registration No. (if applicable)
-------------------------------------	------------	----------------------------------

Work Telephone Number / Ext.  (    )	Fax. Number (Optional)  (    )
--	--

**Work address** 

Street No.	Street Name	City	Province	Postal Code
------------	-------------	------	----------	-------------

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to provide certified copies, extracts, certificates, or search notices and to verify the information provided and your entitlement to the service requested and for law enforcement and security purposes. It is an offence to wilfully make a false statement on this form. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, P.O. Box 4600, Thunder Bay ON P7B 6L8. Telephone 1-800-461-2156 or 416-325-8305.

## INSTRUCTIONS

### **Instruction #1**

#### **Mother's Maiden Name**

Mother's maiden name is the mother's last name at the time of her own birth, unless the mother was adopted. If the mother was adopted, record the adoptive name.

### **Instruction #2**

#### **Next of Kin includes:**

\*Spouse, \*\*Common Law Partner, Mother, Father, Daughter, Son, Sister, Brother.

If none of the above are available, the closest surviving Next of Kin (*Grandmother, Grandfather, Aunt, Uncle, First Cousin, Niece, Nephew or Grandchild*) may apply but must provide, along with the prescribed fees and a complete and signed application, an affidavit swearing that they are the closest surviving Next of Kin.

\*Spouse means either party to a marriage.

\*\*Common Law Partner means two people living together continuously in a conjugal relationship outside of marriage for a period of no less than 3 years or two people who have lived together in a relationship of some permanence if they are the parents of a child.

### **Instruction #3**

#### **Proof of Death**

i.e., Death Certificate, Funeral Director's Statement, Certificate of Appointment of Estate Trustee or, an order under the *Declarations of Death Act, 2002*.

### **Instruction #4**

Estate Trustee includes an Executor or an Administrator.

### **Instruction #5**

Acceptable proof includes a Certificate of Appointment of Estate Trustee, letters probate, letters of administration or a will.

### **Instruction #6**

#### **Lost, Stolen, Damaged/Destroyed Birth Certificates**

Birth Certificates or certified copies of Birth Registration that are lost, stolen, or damaged/destroyed must be reported to the Office of the Registrar General immediately. Found birth certificates or certified copies of Birth Registration must be returned to the Office of the Registrar General immediately or delivered to a police or lost and found service.

### **Instruction #7**

Not more than one Birth Certificate and one Certified Copy of a Birth Registration may be issued.

### **Instruction #8**

#### **Application for Reconsideration**

If your application for a Birth Certificate or Certified Copy of Birth Registration is refused, you may apply in writing to the Deputy Registrar General for your application to be reconsidered. You must provide your full name, mailing address, phone number, name of the person whose Birth Certificate or Certified Copy of Birth Registration is being applied for, file number of the application and reasons why your application should be reconsidered.

### **Instruction #9**

#### **Safeguarding your Certificates**

Please remember that it is important to keep your Birth Certificate in a secure location such as a safety deposit box and not in your wallet. By keeping it in a safe place, you are doing your part to protect your identity.

### **What records does the Office of the Registrar General have?**

The Office of the Registrar General holds records for births that happened in Ontario during the past 95 years.

To obtain older records, contact:

#### **The Archives of Ontario**

Attention: Vital Statistics Reference Archivist

77 Grenville Street,

Toronto, ON M7A 2R9

or call The Vital Statistics Hot line at

**(416) 327-1593**

### **Mail the Completed Request to our Thunder Bay Office.**

#### **Thunder Bay Office**

P.O. Box 4600

189 Red River Road

Thunder Bay ON P7B 6L8

Fax. 807-343-7459

#### **Toronto Counter**

Macdonald Block, Room M2-49

900 Bay St., 2nd Fl. (*Bay and Wellesley*)

Toronto, ON M7A 1Y5