

Request for Birth Certificate

(For births which took place in Ontario only)

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

If you have any questions, please contact the
Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Telephone: 1 800 461-2156 (outside of Toronto)
416 325-8305 (in Toronto)
416 325-3408 (TTY/Teletypewriter)
Fax: 807 343-7459

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
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Mailing Address

Organization / Firm (if applicable)

Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City		Province		
Country	Postal Code	Telephone Number (including area code)	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	\$	
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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)			
Sex ☐ Male ☐ 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 ☐ Hospital (name) ☐ Other (specify) _____				☐ Home ☐ Birthing Centre		You must check one box ☐ Physician ☐ Midwife ☐ Other ☐ 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) ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ 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 / Other Parent Last Name				First Name				Middle Name(s)			
Father / Other Parent Age (at time of this birth)		Father / Other Parent Date of Birth Year Month Day			Father / Other Parent 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? If 'yes', provide previous name(s) below:										☐ Yes ☐ No	

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?**Where the person named on the certificate is alive**

(Check one or more boxes)

- ☐ The person named on the Birth Certificate is the 'Applicant'. (You must be at least 13 years of age)
- A parent of the person named on the Birth Certificate is the 'Applicant'. (Your name must appear on the Birth Registration)
- ☐ Mother ☐ Father / Other Parent
- ☐ A person who has legal custody of the person named on the Birth Certificate is the 'Applicant'. (Proof of Custody is required)
- ☐ Proof of Custody attached.

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)

- ☐ The Next of Kin is the 'Applicant'. (see #2 on pg. 4)
- Specify relationship to deceased _____
- ☐ Proof of Death attached. (see #3 on pg. 4)
- ☐ Estate Trustee is the "Applicant". (see #4 on pg. 4)
(Certificate of Appointment or similar proof required)
- ☐ Certificate of Appointment or similar proof attached.
(see #5 on pg. 4)

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 (including area code)			Date Signed		
					Ext. Year Month Day		

This Page MUST be completed in Full if the Person Named on the Certificate is 9 years of Age or Older

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:

- 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.
- Mayor.
- Member of the Legislative Assembly of Ontario.
- Minister of religion authorized under provincial law to perform marriages.
- Municipal clerk or treasurer who is a member of the Association of Municipal Managers, Clerks and Treasurers of Ontario.
- Notary public.
- Principal or vice-principal of a primary or secondary school.
- Senior administrator or professor in a university or a senior administrator in a community college or in a CEGEP in Quebec.
- Signing officer of a bank, caisse d'économie, caisse populaire, credit union or trust company.
- 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:

- Chiropractor, dentist, midwife, nurse, optometrist, pharmacist, physician or surgeon, psychologist or veterinarian.
- Lawyer.
- Professional accountant.
- Professional engineer.
- Social worker or social service worker.
- 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
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Guarantor Information

Guarantor's Last Name	First Name
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Organization / Firm (if applicable)	Occupation	Registration No. (if applicable)
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Work Telephone No. (including area code) / Ext.	Fax No. (optional) (including area code)
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Work address

Street No.	Street Name	City/Town	Province	Postal Code
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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, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: Outside Toronto 1 800 461-2156 or in Toronto 416 325-8305, TTY/Teletypewriter (for the hearing impaired) 416 325-3408.

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 / Other Parent, 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.

Instruction #10

Other Parent

The other parent's information must be included on this application if the information appears on the child's birth registration. An "other parent" refers to a person who is the parent of a child, if he/she is acknowledged by the mother as the other parent and he/she agrees to be named as a parent on the birth registration, where the biological father is unknown and where the child was born from assisted conception with an anonymous sperm donor.

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:

Archives of Ontario
134 Ian Macdonald Boulevard
Toronto ON M7A 2C5
1 800 668-9933
416 327-1600

Mail the Completed Request to:

The Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Fax 807 343-7459

**If you require faster service than 6-8 weeks,
please apply online at www.ServiceOntario.ca**

Payment Method and Credit Card Authorization

Applicant's Information

Applicant's First Name	Applicant's Last Name
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Person Named on the Birth Certificate

Last Name (at time of Birth)	First Name	Middle Name(s)
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- 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.
- We will not accept post-dated cheques. An administration fee of \$35.00 will be applied to any cheques returned by a Financial Institution.
- We **DO NOT** accept cash as payment for any type of application.
- 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. You may send your request by mail, and pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard or American Express.

Your Payment Options

- ☐ Cheque or Money Order. Please make payable to: "Minister of Finance".
- ☐ Credit card payment. Please complete Credit Card Information below. ▼
- ☐ You must pay by credit card if you are faxing your request to us.
Our fax number is: **807 343-7459**.

Credit Card Information

Print Name of Cardholder (<i>as it appears on the credit card</i>)	Name of Credit Card Company ☐ VISA ☐ MasterCard ☐ American Express
Signature of Cardholder X	Date Year Month Day
Credit Card Number (print clearly)	Expiration Date MM YY