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Ontario

Ministry of Consumer and Business Services

Office of the Registrar General

REQUEST FOR BIRTH CERTIFICATE

(For births which took place in Ontario only)

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.	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.

Your Payment Options

☐ 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 **1-807-343-7459.**

☐ Visa ☐ MasterCard ☐ American Express

Card Number	Expiry Date *(Month / Year)*

Name of Cardholder	Signature of Cardholder

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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)

☐ 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'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?

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

☐ 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 Consumer and Business 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. I am aware that it is an offence to willfully make a false statement on this form.

Signature of Applicant	Daytime Telephone Number ( ) Ext.	Date Signed *Year / Month / Day*

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THIS PAGE MUST BE COMPLETED IN FULL

Statement of Guarantor

The guarantor must certify the information on this application form by completing and signing the "Statement of Guarantor" section. No person shall charge a fee for acting as a guarantor (Section 45.1 of the *Vital Statistics Act).*

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.
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.

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 a recognition or endorsement by the Office of the Registrar General of professional status or superior qualifications.

Guarantor Information

Guarantor's Last Name	First Name

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

Home Telephone Number	Work Telephone Number / Ext.	Fax. Number *(Optional)*
( )	( )	( )

Work address

Street No.	Street Name	City	Province	Postal Code

Guarantor's Statement: ***(Number of years must be completed)***

To the best of my knowledge and belief, the statements made in this application are true. I am a Canadian Citizen and belong to one of the listed professions *(above)*. I have known the Applicant personally for at least TWO years. ***I have known the Applicant for*** _____ ***(number of years)***. I am aware that it is an offence to willfully make a false statement on this form.

Signature of Guarantor	Date Signed *Year* / *Month* / *Day*	Signed At: (*City /Province)*

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 willfully 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.

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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*, Same-sex partner**, Mother, Father, Son, Daughter, Sister, Brother.
If none of the above are available, an acceptable explanation must be provided. *(Grandmother, Grandfather, Aunt, Uncle, First Cousin, Niece, Nephew or Grandchild only if none of the others are available).*
*Spouse means either of a man or a woman who a) are married to each other; b) have lived together continuously in a conjugal relationship outside marriage for a period of no less than 3 years; or c) have lived together in a relationship of some permanence, if they are the parents of a child.
**Same-sex partner means either of two persons of the same sex who a) have lived together continuously in a conjugal relationship for a period of no less than 3 years or; b) 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

If you require urgent service, please take the completed request to our public counter 8:30 a.m. to 5:00 p.m. Monday to Friday. There is an additional fee for this service and some restrictions apply.

Toronto Counter
Macdonald Block, Room M2-49
900 Bay St., 2nd Fl. *(Bay and Wellesley)*
Toronto, ON M7A 1Y5

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