

This application is to obtain a Birth Certificate for Canadian individuals.

Please type in the information for this application on your computer, print it out and sign it. Alternatively, you may print out this application and fill in the information by hand and sign it. Then fax, scan and email, or mail your application to Canada Certificates. The fax number, street address, and email can be found on the final page of this application.

Please ensure that the guarantor information is completed for all subjects aged 9 and older. Please check over the information carefully; any errors will be reproduced in the certificate or may cause delays in processing. Transmission of this form to Canada Certificates will authorize it to request a birth certificate on the applicant's behalf.

Canada Certificates is not a government agency. Canada Certificates assists individuals in their orders of birth, marriage and death certificates. All certificates are issued by the appropriate government agency.

Applicant Information

You are the **applicant** since you are filling out this form. The certificate will be delivered to the individual named here as the applicant. The **subject** is the person whose name will appear on the certificate. If you are applying for your child, then you are the applicant and your child is the subject. If you are applying for yourself, then you are the applicant and the subject.

If this application is on behalf of a deceased individual, or if you are applying on behalf of a child and are not listed as a parent on the birth registration, additional documentation may be required.

Applicant Name*: Firm:

Mailing Address Phone Number*: Ext:

Daytime Phone Number*: Ext:

Mailing Address*: Apartment: Buzzer # :
cannot use a P.O. Box for rush delivery

City*: Prov./State*:

Country*: Postal/Zip Code*:

E-mail:

I authorize Canada Certificates to request a Birth Certificate on my behalf:

First Name: _____ Last Name: _____ Date: _____

Signature: _____

* indicates required field

The **subject** is the person whose name will appear on the birth certificate.
MAIDEN name if the subject is a married woman.

Subject Name*:
Last First Middle

How are you related to the subject*? Self (must be 13 years or older) Mother Father
 Person with legal custody* Next of kin* (if subject is deceased)

If you are applying as the next of kin, specify your relationship:

(aunt, brother, common law, daughter, father, first cousin, grandchild, grandfather, grandmother, mother, nephew, niece, sister, son, spouse, or uncle)

***If 'Person with legal custody' or 'Next of Kin' was selected, please see our website for which supporting documents will be required to be submitted with this request form.**

Sex*: Male Female

Is the Subject Deceased? Yes No

Previous Legal Name if applicable:
Last First Middle

Date of Birth*: Place of Birth*: , Ontario
Year Month Day City/Town

Weight at Birth: Pounds Ounces **OR** Grams

Number of older siblings:

Where did the birth occur?: Hospital (provide name of hospital)
 Home Birthing Centre Other

Who delivered the subject?: Physician Midwife Other

Name of doctor/attendant:

Address of doctor/attendant:

Mother's Name*:
Last Name **Before Marriage** First Name Middle Name

Other Last Name(s) Used By Mother :

Mother's Address at time of subject's birth:
St # St Name Unit #

City/Town Province Country Postal/Zip Code

Mother's status at time of subject's birth: Single Married Divorced Widowed
 Common Law

Mother's age at time of subject's birth:

Mother's date of birth:
Year Month Day

Mother's place of birth:
City/Town Province/State Country

Father's name: :
Last Name First Name Middle Name

Father's age at time of subject's birth:

Father's date of birth:
Year Month Day

Father's place of birth:
City/Town Province/State Country

What is the reason a birth certificate is being requested*? First time applying Lost Stolen
 Damaged Other

Has a Certified Copy of Birth Registration (long form) been previously issued? Yes No

Guarantor Information*

You must complete this section in full. Applications with missing guarantor information will not be processed. A guarantor is not required for subjects younger than 9 years old.

A guarantor must be a Canadian citizen, known you for at least two years, hold an occupation from the list below, be a practicing member in good standing, and not retired. If the individual is retired or non-practicing he/she is not valid as a guarantor. The guarantor may be related to you, provided he/she fulfils all of the aforementioned requirements. You must receive permission from the guarantor to provide his/her information. There is no requirement for the guarantor to sign the application.

A valid guarantor must be either a: chief of a band recognized under the Indian Act (Canada), chiropractor, dentist, First Nations police officer, judge, justice of the peace, lawyer, mayor, member of the Legislative Assembly of Ontario (MPP), midwife, minister of religion authorized under provincial law to perform marriages, municipal clerk or treasurer (a member of the Association of Municipal Managers, Clerks and Treasurers of Ontario), notary public, nurse, optometrist, pharmacist, physician, police officer (municipal, provincial, RCMP), principal or vice-principal (primary or secondary school), professional accountant, professional engineer, psychologist, senior administrator (community college or in a CEGEP), senior administrator or professor in a university, signing officer of a bank, caisse d'économie, caisse populaire, credit union or trust company, social worker or social service worker, surgeon, teacher in a primary or secondary school, or veterinarian.

Name:
First Last

Occupation:
Select from list above

Organization/Firm (if applicable):

Work address: Unit: City:

Province: Postal Code:

Daytime Phone Number: Ext: