

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 or Single Name
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Mailing Address

Organization / Firm (if applicable)				
Street Number	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	\$	<input type="text"/>
Replacement birth certificate	\$35.00	\$	<input type="text"/>

- 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	\$	<input type="text"/>
Replacement certified copy of Birth Registration	\$45.00	\$	<input type="text"/>

- 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	\$	<input type="text"/>
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Who is the Person Named on the Birth Certificate (each box must be filled in)

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

Parent(s) Information (if adopted, or there are more than two parents, or neither parent gave birth to the child see #1 on pg.5)
(List the birth parent (person who gave birth) first, unless the birth parent was a surrogate or the subject was adopted.)

Last Name or Single Name of Parent		First Name		Middle Name(s)	
Any Previous Last Name(s) or Single Name(s) of Parent		Parent'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			
Parent's Address (at the time of this child's birth)		City	Province	Country	
Parent's Age (at time of this birth)	Parent's Date of Birth (yyyy/mm/dd)	Parent's Place of Birth (City and Province / Country)			

Parent(s) Information

Last Name or Single Name of Parent		First Name		Middle Name(s)	
Any Previous Last Name(s) or Single Name(s) of Parent					
Parent's Age (at time of this birth)	Parent's Date of Birth (yyyy/mm/dd)	Parent's Place of Birth (City and Province / Country)			
Has a Birth Certificate (Short Form) been previously issued for this birth? ** <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has a Certified Copy of the Birth Registration been previously issued for this birth? ** <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the person named on the Birth Registration ever had a legal name change? (see #2 on pg.5) <input type="checkbox"/> Yes <input type="checkbox"/> No					
If 'yes', provide previous name(s) below:					
Last Name or Single Name		First Name		Middle Name(s)	
Last Name or Single Name		First Name		Middle Name(s)	

**All previously issued documents will be cancelled.

Who can Obtain this Information?

<p>Where the person named on the certificate is alive. (Check one or more boxes)</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"/> Parent who gave birth <input type="checkbox"/> Parent</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>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)</p> <p><input type="checkbox"/> The Next of Kin is the 'Applicant'. (see #3 on page 5)</p> <p>Specify relationship to deceased _____</p> <p><input type="checkbox"/> Proof of Death attached. (see #4 on page 5)</p> <p><input type="checkbox"/> Estate Trustee is the "Applicant". (see #5 on page 5) (Certificate of Appointment or similar proof required)</p> <p><input type="checkbox"/> Certificate of Appointment or similar proof attached. (see #6 on page 5)</p>
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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
- Stolen Birth Certificate/ Certified Copy of Birth Registration (see #7 on page 5)
- Lost Birth Certificate / Certified Copy of Birth Registration (see #7 on page 5)
- Damaged/destroyed Birth Certificate / Certified Copy of Birth Registration (see #7 on page 5)

I authorize the Office of the Registrar General to issue the requested document/information, and consent to the Ministry of Government and Consumer 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 and Consumer 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) Ext.	Date Signed (yyyy/mm/dd)
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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;
- the Guarantor is a Canadian citizen belonging to one of the listed categories; and
- the Guarantor 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*:

- | | |
|--|---|
| <p>1. Canadian citizens who have known the applicant for at least two years and who are currently serving as one of the following:</p> <ul style="list-style-type: none"> 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 <i>Indian Act (Canada)</i>. | <p>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:</p> <ul style="list-style-type: none"> 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. <p>The list above is not an endorsement by the Office of the Registrar General of professional status or recognition of superior qualifications.</p> |
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Name of Applicant (must be completed)

Last Name or Single Name	First Name
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Guarantor Information

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

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.

Additional Parent Information**To the Applicant**

Complete this page if there are more than two parents recorded on the birth registration of the person named on the birth certificate.

Last Name or Single Name of Parent	First Name	Middle Name(s)
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Any Previous Last Name(s) or Single Name(s) of Parent

Parent's Age (at time of this birth)	Parent's Date of Birth (yyyy/mm/dd)	Parent's Place of Birth (City and Province / Country)
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Last Name or Single Name of Parent	First Name	Middle Name(s)
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Any Previous Last Name(s) or Single Name(s) of Parent

Parent's Age (at time of this birth)	Parent's Date of Birth (yyyy/mm/dd)	Parent's Place of Birth (City and Province / Country)
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Last Name or Single Name of Parent	First Name	Middle Name(s)
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Any Previous Last Name(s) or Single Name(s) of Parent

Parent's Age (at time of this birth)	Parent's Date of Birth (yyyy/mm/dd)	Parent's Place of Birth (City and Province / Country)
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Last Name or Single Name of Parent	First Name	Middle Name(s)
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Any Previous Last Name(s) or Single Name(s) of Parent

Parent's Age (at time of this birth)	Parent's Date of Birth (yyyy/mm/dd)	Parent's Place of Birth (City and Province / Country)
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Instructions

Instruction #1

Parents' Information (note: if the person named on the certificate is adopted, enter the adoptive parent information)

Enter the last name or single name of the parent at the time of their birth, unless the parent was adopted. If the parent was adopted, record the adoptive name. If there are more than two parents, provide the additional parents' information on page 4. List the parent who gave birth to the child first on the form. If none of the parents gave birth to the child, any parent's name may be listed first.

Instruction #2

Previously issued documents

If the person has had a legal change of name in another jurisdiction, you must return all previously issued Birth Certificates and Certified Copies of the Birth Registration in the person's previous name. These documents are no longer valid.

Instruction #3

Next of Kin includes

*Spouse, Mother, Father, Parent, Daughter, Son, Sibling, Sister, Brother, Child.

If none of the above is available, the closest surviving Next of Kin (Grandmother, Grandfather, Grandparent, 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 the person to whom a person is married or with whom the person is living in a conjugal relationship outside marriage.

Instruction #4

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 #5

Estate Trustee includes an Executor or an Administrator.

Instruction #6

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

Instruction #7

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 #8

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

Instruction #9

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 #10

Safeguarding your Certificate

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 #11

Other Parent(s)

Each parent's information must be included on this application if the information appears on the person's Birth Registration.

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 105 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.Ontario.ca**

Payment Method and Credit Card Authorization

Applicant's Information

Applicant's First Name

Applicant's Last Name or Single Name

Person Named on the Birth Certificate

Last Name or Single Name (at time of birth)

First Name

Middle Name(s)

- 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 or MasterCard.
- 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 #8 on page 5).
- 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 or MasterCard.

Your Payment Options

Medium Sensitivity

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 (as it appears on the credit card)

Name of Credit Card Company

VISA MasterCard

Credit Card Number

Expiration Date (mm/yy)

Signature of Card Holder

Date (yyyy/mm/dd)

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.

Save Form

Print Form

Clear Form