

Application for Birth Certificate

Please read important instructions before completing this application
 Each section must be **FULLY** completed

ID REQUIRED TO OBTAIN BIRTH CERTIFICATE

1	Name		
	Mailing Address		
	Address (con't)	City & Province	Postal Code
	Home Telephone	Bus. Telephone	Email Address
	State your relationship to the subject named on the birth certificate you are requesting		FOR OFFICE USE ONLY
	Self (you must be at least 16 years of age) <input type="checkbox"/> Mother (if child is under 19 years of age) <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
Father or Other Parent (if child is under 19 years of age) <input type="checkbox"/>			
Signature of Applicant _____ Reason certificate is required _____			
Please check only one of the following I will pick up the certificate, <input type="checkbox"/> or Send certificate by mail <input type="checkbox"/>			

2	CONSENT If you are not the subject named on the birth certificate requested (or if you are a parent applying for your adult child's birth certificate - child 19 years of age or over), written consent is required. Please ensure that this section is signed by the subject named on the birth certificate or that a signed and dated letter of consent is provided with your application.
	I, _____, authorize that my birth certificate be issued to the applicant stated above. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Subject named on birth certificate _____ Date </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Signature of subject of birth certificate </div>

3	BIRTH INFORMATION Is this person deceased? Yes - proof of death must be attached <input type="checkbox"/> No <input type="checkbox"/>
	Surname at birth _____ All given names _____ Female <input type="checkbox"/> Male <input type="checkbox"/>
	Date of birth _____ Place of Birth (city or town) _____ NL
	Surname of father/other parent _____ (Given names) _____
	Birth surname of mother/other parent _____ (Given names) _____
	Certificate required: Long form <input type="checkbox"/> Short form <input type="checkbox"/> Certified copy of Birth Registration <input type="checkbox"/> Certified copy of Legal Change of Name <input type="checkbox"/>

***Note: short form will be issued if neither is specified. Short form does not contain parent's names**

4	FOR OFFICE USE ONLY		
	Search	Initials	Date
	Second Search		
	Issued		
	Acceptable ID presented? Yes <input type="checkbox"/> No <input type="checkbox"/>	Entitled? Yes <input type="checkbox"/> No <input type="checkbox"/>	

5 METHOD OF PAYMENT	
CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> EXPIRY DATE: _____	CREDIT CARD NUMBER _____ SIGNATURE _____

PRIVACY NOTICE

Personal information contained on this form is collected under the authority of the *Vital Statistics Act, 2009*. The Information provided will be used to fulfill the requirements of the *Vital Statistics Act, 2009* for the release of birth Information. If you have any questions about the collection or use of this information, please contact a Vital Statistics representative at (709) 729-3308.

Who is entitled to apply for a Birth Certificate?

- You, if you are the subject of the birth certificate. You must be at least sixteen years of age.
- A parent of a child (as established by registration documents or by court documents) until the child reaches the age of 19 years or if the child is incapable because of mental incapacity.
- A custodial guardian (if no parent is capable). Proof of guardianship is required.
- A person with written authorization from one of the above.
- A person with a court order.
- A person who requires it to comply with a specific Act or Regulation - proof is required.
- When the individual is deceased (proof of death is required):
 - the following person; a spouse, cohabitating partner, adult child, parent or adult sibling of the deceased.
 - the executor, trustee or administrator of the estate; or
 - a person with written authorization from one of the above.

Short form birth certificates include the following information:

FULL NAME of the INDIVIDUAL, DATE OF BIRTH, PLACE OF BIRTH, SEX, REGISTRATION NUMBER, REGISTRATION DATE, and DATE ISSUED.

A long form birth certificate contains all information on the short form certificate and also contains the parents' names.

Certificates contain information extracted from the original registration filed in our office.

Identification

Any person applying for a certificate is required to present acceptable identification - one piece of photo ID or two pieces of other ID, at least one of which contains their signature or address. A person who has written authorization to apply for or pick up someone else's certificate is required to present their own ID. Persons applying by mail are required to submit photocopies of their ID documents.

To avoid delay

Complete the appropriate sections in full. **(All requests with incomplete information must be accompanied by a written explanation for the omission.)**

Payment must be enclosed with the application and can be either by cheque or money order (Canadian Funds) payable to the Newfoundland Exchequer Account.

Be sure your address and telephone number are correct and are clearly printed.

Please indicate whether you wish to receive your certificate by mail or will pick it up.

NOTE: All mailed in requests should be sent to Mount Pearl office for processing.

Service is available at the following Government Service Centre locations:

Government Service Centres

NOTE: All mailed in requests should be sent to Mount Pearl office for processing.

MOUNT PEARL OFFICE
Vital Statistics Division
Motor Registration Building
149 Smallwood Drive
Mount Pearl, NL A1B 4J6
Telephone: (709) 729-3308

HARBOUR GRACE OFFICE
P. O. Box 512
7-9 Roddick Crescent
Harbour Grace, NL A0A 2M0
Telephone: (709) 945-3106/3107

CLARENVILLE OFFICE
8A Myer's Avenue, Suite 102
Clarenville, NL A5A 1T5
Telephone: (709) 466-4061/4068

GANDER OFFICE
Fraser Mall, 230 Airport Blvd.
P. O. Box 2222
Gander, NL A1V 2N9
Telephone: (709) 256-1420

GRAND FALLS-WINDSOR OFFICE
3 Cromer Avenue
Grand Falls-Windsor, NL A2A 1W9
Telephone: (709) 292-4206/4259

CORNER BROOK OFFICE
Sir Richard Squires Bldg.
Corner Brook, NL A2H 6J8
Telephone: (709) 637-2414

HAPPY VALLEY-GOOSE BAY OFFICE
2 Tenth Street
P. O. Box 3014, Strn. "B"
Happy Valley-Goose Bay, NL A0P 1E0
Telephone: (709) 896-5428/5430

MARYSTOWN OFFICE
1 Harris Drive
P. O. Box 698
Marystown, NL A0E 2M0
Telephone: (709) 279-0837

STEPHENVILLE OFFICE
35 Alabama Drive
Stephenville, NL A2N 3K9
Telephone: (709) 643-8650/8635

ST. ANTHONY OFFICE
6 - 8 North Street
P. O. Box 28
St. Anthony, NL A0K 4S0
Telephone: (709) 454-8833

LABRADOR CITY OFFICE
118 Humphrey Road
Labrador City, NL A2V 2J8
Telephone: (709) 944-5282

website: http://www.servicenl.gov.nl.ca/departement/bmd_contact.html
e-mail: vstats@gov.nl.ca