

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 (within North America)
 416-325-8305 (in Toronto or outside of
 North America)
 416-325-3408 (TTY/Teletypewriter)
 Fax: 807-343-7459

Please print clearly in blue or black ink.
The word 'Applicant' refers to the person completing this request, and 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/Town/Village		Province/Territory/State		
Country	Postal/Zip Code	Telephone Number (including area code) Ext.		

Select what you need:
Birth Certificates Disclaimer: The Government of Ontario cannot guarantee that a birth certificate with no sex designation will be accepted by organizations in Ontario or by other jurisdictions. See instruction #1 on page 5.

 Birth Certificate

 Recommended for people **16 years of age or older** for general identification purposes. Not issued for deceased persons

 I do not want sex displayed on this birth certificate.

 First birth certificate \$25.00 \$ Or Replacement Birth Certificate \$35.00 \$
 Birth Certificate with Parental Information

 Recommended for children **under the age of 16** for use where parental information is required, such as passport applications. Not issued for deceased persons.

 I do not want sex displayed on this birth certificate.

 First Birth Certificate with Parental Information \$25.00 \$ Or Replacement Birth Certificate with Parental Information \$35.00 \$
 Certified Copy of Birth Registration

Seldom required but may be used for purposes such as: applying for immigration, citizenship, visa applications, and for adopting a child abroad.

 First Certified Copy of Birth Registration \$35.00 \$ Or Replacement Certified Copy of Birth Registration \$45.00 \$
 Search Letter

Confirms whether or not a birth is registered. Applicants can provide a range of years to be searched or a specific year. If a specific year is provided a five year search will be conducted, two years prior to and two years after the year specified.

 Search Letter \$15.00 for each 5 year period to be searched \$

 From Year To Year

Who is the person named on the Birth Certificate? (complete all fields below) If adopted, provide names after adoption

Last Name or Single Name (at time of birth or after adoption)		First Name		Middle Name(s)	
Sex (You must select one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X If you select X, see #1 on page 5	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 <input type="checkbox"/> Hospital (name) _____ <input type="checkbox"/> Other (specify) _____			You must check one box <input type="checkbox"/> Home <input type="checkbox"/> Physician <input type="checkbox"/> Midwife <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		

Information: Parent who gave birth Check one box Mother Father Parent
(If adopted, or there are more than two parents on the Birth Registration, or neither parent gave birth to the child, see #2 on page 5)

Last Name or Single Name at Birth (e.g., maiden name)		First Name		Middle Name(s)	
Other Last Name(s) or Single Name(s) (e.g. current last name)		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)			

Information: Remaining Parent Check one box Mother Father Parent

Last Name or Single Name at Birth (e.g., maiden name)		First Name		Middle Name(s)	
Other Last Name(s) or Single Name(s) (e.g., current last name)					
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 been previously issued for this birth? Yes No

Has a Birth Certificate with Parental Information 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? (see #3 on page 5) Yes 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)	

**See #9 on Page 5

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 #4 on page 5)</p> <p>Specify relationship to deceased _____</p> <p><input type="checkbox"/> Proof of Death attached. (see #5 on page 5)</p> <p><input type="checkbox"/> Estate Trustee is the "Applicant". (see #6 on page 5) (Certificate of Appointment or similar proof required)</p> <p><input type="checkbox"/> Certificate of Appointment or similar proof attached. (see #7 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 or Certified Copy Lost Birth Certificate or Certified Copy (see #8 on page 5)

Stolen Birth Certificate or Certified Copy (see #8 on page 5) Damaged or destroyed Birth Certificate or Certified Copy (see #8 on page 5)

I authorize the Office of the Registrar General to issue the requested document. I consent to the Ministry of Government and Consumer Services collecting information about me and the person named on the Birth Certificate, Birth Certificate with Parental Information, or Certified Copy of Birth Registration from the guarantor and such other sources as may be necessary to verify the information on this form and my entitlement to the service requested. I consent to the disclosure of such information to the Ministry of Government and Consumer Services. I am aware that it is an offence to willfully 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 people listed 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, 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 *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:

- 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 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 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, as amended, 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 security and law enforcement 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, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: Outside Toronto but within North America 1-800-461-2156 or in Toronto or outside North America 416-325-8305, TTY/Teletypewriter (for the hearing impaired) 416-325-3408 or fax: 807-343-7459.

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.

Check one box Mother Father Parent

Last Name or Single Name at Birth (e.g., maiden name)	First Name	Middle Name(s)
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Other Last Name(s) or Single Name(s) (e.g., current last name)

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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Check one box Mother Father Parent

Last Name or Single Name at Birth (e.g., maiden name)	First Name	Middle Name(s)
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Other Last Name(s) or Single Name(s) (e.g., current last name)

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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Check one box Mother Father Parent

Last Name or Single Name at Birth (e.g., maiden name)	First Name	Middle Name(s)
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Other Last Name(s) or Single Name(s) (e.g., current last name)

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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Check one box Mother Father Parent

Last Name or Single Name at Birth (e.g., maiden name)	First Name	Middle Name(s)
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Other Last Name(s) or Single Name(s) (e.g., current last name)

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

Sex

An Ontario birth certificate is an extract of a person's birth registration. Sex (M, F, or X) as it is recorded on a person's birth registration will be displayed on the certificate unless you indicate that you do **not** want it to be displayed by selecting that option on page 1. In order for sex to **not** be displayed on a birth certificate, the option on page 1 will need to be selected every time a request for a birth certificate is made.

Note: this will not change or amend a birth registration.

Disclaimer: The Government of Ontario cannot guarantee that a birth certificate with a sex designation of X or no sex displayed will be accepted by organizations in Ontario or by other jurisdictions.

Instruction #2

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

List the parent who gave birth to the child first on the form. Enter the last name or single name of the parent at the time of their birth, including any other last name or single name the parent used. If the parent was adopted, record the adoptive name. If there are more than two parents, provide the additional parents' information on page 4. If none of the parents gave birth to the child (e.g., surrogate birth), any parent's name may be listed first. Each parent's information must be included on this application if the information appears on the person's Birth Registration.

Instruction #3

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 #4

Next of Kin includes

*Spouse, Parent, Child, Sibling

If none of the above is available, the closest surviving Next of Kin (Grandparent, Aunt, Uncle, First Cousin, Niece, Nephew or Grandchild) may apply but must provide, along with the required fees, a complete and signed application and 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 #5

Acceptable proof of death includes a Funeral Director's Statement of Death, a Death Certificate, Certificate of Appointment of Estate Trustee or an order under the *Declarations of Death Act, 2002*.

Instruction #6

Estate Trustee includes an Executor or an Administrator.

Instruction #7

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

Instruction #8

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 #9

Not more than one Birth Certificate, one Birth Certificate with Parental Information, and one Certified Copy of a Birth Registration may be issued. Only the most recently issued birth certificate, birth certificate with parental information and certified copy of a birth registration are valid.

Instruction #10

Application for Reconsideration

If your application for a Birth Certificate, Birth Certificate with Parental Information 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, Birth Certificate with Parental Information or Certified Copy of Birth Registration is being applied for, file number of the application and reasons why your application should be reconsidered.

Instruction #11

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.

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:

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

Mail, courier or fax 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 ServiceOntario.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 clearinghouse, 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 #9 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 Cardholder

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, as amended, 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 security and law enforcement 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, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: Outside Toronto but within North America 1-800-461-2156 or in Toronto or outside North America 416-325-8305, TTY/Teletypewriter (for the hearing impaired) 416-325-3408 or fax: 807-343-7459.