

Birth Certificate Application

Office Use Only - Our File #

APPLICANT'S INFORMATION – PLEASE PRINT

Surname		First and Other Given Names			
Mailing Address (Civic # or PO Box)					
City		Province/State		Country	Postal Code
Civic Address (if different than above)					
City		Province/State		Country	Postal Code
Home Number		Daytime Contact Number		Mobile Number	Email Address
Applicant's Signature				Date (MMDDYY)	

BIRTH DETAILS – INCLUDE FRENCH SYMBOLS IF APPLICABLE – USE MAIDEN SURNAME AS STATED ON BIRTH REGISTRATION IF MARRIED

Surname				First Name	
Second and Other Given Names					<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Month	Day	Year	Birth Place – Specify the name of the City, Town, or Village	Province <i>Nova Scotia</i>

FATHER'S/PARENT'S DETAILS – IF STATED ON BIRTH REGISTRATION

Surname			First Name		
Second and Other Given Names					
Birth Place – Specify the name of the City, Town, Village			Province/State		Country

MOTHER'S/PARENT'S DETAILS – USE MOTHER'S/PARENT'S MAIDEN SURNAME AS STATED ON BIRTH REGISTRATION

Surname			First Name		
Second and Other Given Names					
Birth Place – Specify the name of the City, Town, or Village			Province/State		Country

YOUR RELATIONSHIP TO THE BIRTH EVENT

Self
 Mother/Parent
 Father/Parent
 Other – Please indicate relationship

Reason certificate required:

CERTIFICATES REQUESTED, FEES AND PAYMENT METHOD – PLEASE INDICATE TYPES AND NUMBER OF CERTIFICATES REQUESTED

	Total Qty.	Fee(s)
<input type="checkbox"/> Short Form		\$33.00
<input type="checkbox"/> Long Form		\$39.90
<input type="checkbox"/> Photographic Print of Registration		\$39.90
<input type="checkbox"/> Courier Service (Optional) – this fee provides expedited shipping of certificate(s).		\$20.00

METHOD OF PAYMENT (Please ✓ box)

Cash (*in person at counter only*)
 Debit Card
 Cheque
 Money Order
 Visa
 MasterCard
 American Express

PAYEE INFORMATION – Complete section below

Name as shown on Credit Card, Debit Card, Cheque, or Money Order _____

Mailing Address (if different than above) _____

Signature _____

Credit Card information to be removed as soon as the credit card payment is processed and the approval number received.

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PLEASE DO NOT PROVIDE CREDIT CARD NUMBER AND EXPIRY DATE IF PAYMENT IS IN PERSON AT COUNTER.

Credit Card Number _____ Expiry Date _____

IMPORTANT INFORMATION

1) Who is eligible to apply for a Birth Certificate?

Birth certificates may be released to:

- a) You, if the record pertains to your own birth.
- b) A parent whose name appears on the child's birth registration.
- c) A lawyer who specifically indicates they are working on behalf of "a" or "b" above, or a person on the written authorization of "a" or "b" above.
- d) The executor or trustee of an estate, proof may be required.
- e) Guardian (copy of guardianship papers must be attached to this application).

2) Certificates contain the following information:

- a) Short Form: Full name, sex, date of birth, place of birth, registration date, registration number, and date issued.
- b) Long Form: Full name, sex, date of birth, place of birth, registration date, registration number, date issued, names of parents, and birthplace of parents.
- c) Photographic Print of Registration: All the information that appears on the original registration, including full name, sex, date of birth, place of birth, registration date, registration number, and date issued, names of parents, birthplaces of parents, plus other information, for example, the name of the person who assisted at the birth, birth weight, etc.

3) Certificate sizes:

Please note: **Wallet sizes** are no longer available.

- a) Short Form dimensions are 12.5 cm wide by 17.5 cm high.
- b) Long Form dimensions are 12.5 cm wide by 17.5 cm high.
- c) Photographic Print of Registration dimensions are 21.5 cm wide by 35.5 cm high.

To Avoid Delay:

- See section 1 above to be sure you are eligible to apply.
- Be sure your address and contact information are correct and clearly written.
- Complete all sections **in full**. If you have left any of the fields blank, include a letter explaining why.
- It is against postal regulations to send cash through the mail. Payment in Canadian funds should be forwarded by cheque, bank draft, or money order made payable to the Minister of Finance.
- If you are paying by credit card, include the name of the cardholder that appears on the card, mailing address, signature, card number, and expiry date. **NOTE:** Only Visa, MasterCard, and American Express are accepted.
- If payee is different from applicant and payment is being made by debit card, cheque, or money order, include name of payee and mailing address.

Privacy Information: The information on this form is collected under the authority of the Vital Statistics Act (Revised Statutes of Nova Scotia 1989, chapter 494).

Contact Us

Mailing Address:

Vital Statistics
PO Box 157
Halifax, Nova Scotia
B3J 2M9 Canada

Enquiries:

Local: (902) 424-4381
Toll Free: 1-877-848-2578 (Nova Scotia only)
Fax: (902) 450-7313
E-mail: vstat@novascotia.ca

Or Visit Our Office:

300 Horseshoe Lake Drive
Bayers Lake Business Park
Halifax, Nova Scotia
B3S 0B7 Canada

Hours: 8:30 am to 4:30 pm Monday to Friday, except holidays.

Website and ordering online: novascotia.ca/sns/access/vitalstats.asp