

To save time, order your own birth certificate or the birth certificate of your child securely online and pay with credit card. Go to: http://vitalstats.gov.mb.ca/online_certificate_application.html

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Application for a Manitoba Birth Document

Please PRINT clearly to complete the front and back of this application. Incomplete applications or those with insufficient payment will be returned.

Section 1 - Appl	icant's ad	dress													DI	SPC	N		Ξ	≣N	FR	ANÇ	AIS	5
Name							Daytime phone number(s)																	
Address		,									(-) - -) -			_	_						
City		Р	rovince			Po	stal C	ode			En	nail ad	dress	_/			_	_						
Delivery address (if	different that	an above	e)								_													
Name									Com	oany i	name	e (if ap	plical	ble)										
Street No.	No. Street Name						Apt. r	10.	Buzzer No.				РО Вох											
Postal Code	I		City						Provi	nce								Со	untry	,				
Fees and service levels subject to change without notice, please check our website					for current information.						Phone number													
Section 2 - Typ	e of docur	nent re	queste	ed														,						
			•		Qı	uantit	у															Qu	antit	y
☐ Birth Certificate☐ Birth Certificate☐ Copy of registra	without parer	nts' name		e)	_ _ _							with p								-		_ ex _		
Reason for applicat	ion :																							
DOCUMENT ISSUE	ED IN:			Eng	lish			OF	2		Fren	ich												
Section 3 - Mar Provide the name a Last name on birth	t birth or ado _l			s there	has be	en a l	egal n	iame c	hange	Firs	st na	me						Middl	le nar	me(s))			
Date of birth Month Place of birth in Mar	Day nitoba (town/c	Year ity)				•	-		•					•		,								
																	M	A	<u>N</u>	I	<u>T</u>	O	В	Α
Parent 1(Provide the last name at their birth or adoptive name unless there has been a legal Last name							a legal ı	name change) First name						Middle name(s)										
Place of birth (provir	ice if born in (Canada—	-country	if born	outside	of Ca	anada)																
Parent 2(Provide the last name at their birth or adoptive name unless there has been a Last name					a legal	name o	ame change) First name					Middle name(s)												
Place of birth (provin	ce if born in (Canada—	-country	if born (outside	of Ca	anada)																

Section 4 - Applicant's relationship to person na	amed on certificate:	Page 2 of
Check one box that applies to you and sign below:		
Self, if the application is for your own certificate		
Parent, either parent named on the record of the child		
Legal guardian (submit a complete copy of guardianship	papers)	
Representative with written authorization from person en Spouse, child, parent or sibling of the deceased if app relationship)		n documentation showing familial
Familial relationship to deceased :		
Date & place of death (proof of death require	ed) :	
Signature of eligible person :		
Print name of eligible person:		
Section 5 - Type of issuance service		
REGULAR ISSUANCE SERVICE		
Processing time may vary. Current processing times are been filed in full, and registration has been completed with will proceed after a vital event is registered correctly and	hout errors. Although a payment may be processed	
Delivered by Canada PostFee: \$30 per document		
Processed within 3 business days (shipping time is not inc It does not expedite registration of a vital event. Rush issuaregistration has been completed without errors. Although a event is registered correctly and in full. - Delivered by courier - Fee: Canadian destination US destination International destination \$105	luded). Selecting rush issuance service expedites prance service is not available until documents for a vit	tal event have been filed in full, and ance service will proceed after a vital
Section 6 - Method of payment		
☐ Cash	o my card: \$	
☐ Debit card		1
☐ MasterCard / Visa	Credit Card number	Expiry date
☐ Money Order		
Payable to the Certified Cheque Minister of Finance	Cardholder's name	Cardholder's signature
- No post dated cheques will be accepted - A \$20 service fee will be charged on returned cheques	PROTECT YOUR CREDIT CARD INFORMATION	ON DO NOT SUBMIT BY EMAIL
A \$30 ADMINISTRATION FEE WILL BE RETAINED WHEN CUSTOMERS I PLEASE NOTE THAT NO REFUNDS WILL BE PROVIDED ONCE VSB REC		

Telephone: Toll-Free (within Canada) 1-866-949-9296 Web-Site: Address:

204-945-3701 204-948-3128 vitalstats@gov.mb.ca http://vitalstats.gov.mb.ca Vital Statistics Branch 254 Portage Ave Wpg MB R3C 0B6

The Vital Statistics Branch is collecting your personal information pursuant to The Vital Statistics Act, CCSM c V60, in order to process and respond to your application. This collection is authorized under clauses 36(1)(a) and (b) of The Freedom of Information and Protection of Privacy Act, CCSM c F175 ("FIPPA"). Your personal information is protected under FIPPA's privacy provisions, and will not be used or disclosed for any other purposes, except as authorized by law.

If you have any questions about this collection, please contact the Access & Privacy Coordinator for the Department of Consumer Protection and Government Services at privacy@gov.mb.ca

PROTECT YOUR PRIVATE AND CONFIDENTIAL INFORMATION DO NOT SUBMIT BY EMAIL