



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](http://vitalstats.gov.mb.ca/online_certificate_application.html)



# 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.

CONFIDENTIAL & RESTRICTED } When completed  
 PROTECTED B

DISPONIBLE EN FRANÇAIS

## Section 1 - Applicant's Mailing address

Name		Daytime phone number(s)	
Address		( ) - ( )	
City		Email address	
Province	Postal Code		

## Section 2 - Type of document requested

	Quantity
<input type="checkbox"/> Birth Certificate with parents' names	_____
<input type="checkbox"/> Birth Certificate without parents' names	_____
<input type="checkbox"/> Copy of registration (this is not a birth certificate)	_____

Reason for application : \_\_\_\_\_

DOCUMENT ISSUED IN: English  OR French

## Section 3 - Manitoba birth information

Last name on birth record		First name	Middle name(s)
Date of birth		Sex	
Month	Day	Year	<input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> X
Place of birth (town/city)			
M A N I T O B A			
Father or other parent		First name	Middle name(s)
Last name			
Place of birth (province if born in Canada—country if born outside of Canada)			
Mother or other parent		First name	Middle name(s)
Maiden name			
Place of birth (province if born in Canada—country if born outside of Canada)			

## OFFICE USE ONLY

Checked:	_____
Entered:	_____
Reg. #	_____
Edited:	_____
Issued:	_____

**Section 4 - Applicant's relationship to person named on certificate:**

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 entitled, parent, or guardian
- Next-of-kin, if application is for a birth certificate for a deceased person
  - Familial relationship to deceased : \_\_\_\_\_
  - Date & place of death : \_\_\_\_\_

Signature of eligible person : \_\_\_\_\_

Print name of eligible person: \_\_\_\_\_

**Section 5 - Type of issuance service**

**REGULAR ISSUANCE SERVICE**

- Processing time is 6 to 8 weeks (shipping time is not included). Processing time may vary. Service is not available until documents for a vital event have been filed in full, and registration has been completed without errors. Although a payment may be processed immediately, regular issuance service will proceed after a vital event is registered correctly and in full.
  - Delivered by Canada Post
  - Fee: \$30 per document

**RUSH ISSUANCE SERVICE (! Signature required upon delivery! )**

- Processed within 3 business days (shipping time is not included). Selecting rush issuance service expedites processing of an application for a document. It does **not** expedite registration of a vital event. Rush issuance service is not available until documents for a vital event have been filed in full, and registration has been completed without errors. Although a payment may be processed immediately, rush issuance service will proceed after a vital event is registered correctly and in full.
    - Delivered by courier
    - Fee: Canadian destination **\$65**
    - US destination **\$75**
    - International destination **\$105**
- } Includes one document. Cheques for rush service must be certified.

**Delivery address (if different than mailing address)**

Name		Company name (if applicable)		
Street No.	Street Name	Apt. no.	Buzzer No.	PO Box
Postal Code		City	Province	Country
Fees and service levels subject to change without notice, please check our website for current information.				Phone number

**Section 6 - Method of payment**

<input type="checkbox"/> Cash <input type="checkbox"/> Debit card	}	In person only	I authorize the Vital Statistics Agency to charge to my card: \$ _____
<input type="checkbox"/> MasterCard / Visa <input type="checkbox"/> Money Order <input type="checkbox"/> Certified Cheque	}	Payable to the Minister of Finance	_____ Cardholder's name
! Fax only no email / ! Fax seulement pas d'e-mail 204-948-3224		_____ Cardholder's signature	_____ Expiry date

- No post dated cheques will be accepted  
- A \$20 service fee will be charged on returned cheques

PROTECT YOUR CREDIT CARD INFORMATION—DO NOT SUBMIT BY EMAIL

**Inquiries**  
 Telephone: 204-945-3701  
 Toll-Free (within Canada) 1-866-949-9296  
 Fax: 204-948-3128  
 E-Mail: vitalstats@gov.mb.ca  
 Web-Site: http://vitalstats.gov.mb.ca  
 Address: Vital Statistics Agency  
 254 Portage Ave Wpg MB R3C 0B6

**A \$30 ADMINISTRATION FEE WILL BE RETAINED WHEN CUSTOMERS DO NOT RESPOND TO REQUESTS FOR ADDITIONAL INFORMATION REQUIRED TO COMPLETE THE SERVICE.**

**NOTICE UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

The information requested on this form is collected pursuant to *The Vital Statistics Act* to fulfill the requirements for the release of birth information. If you have any questions regarding the collection or use of this information, please contact Vital Statistics Agency.

PROTECT YOUR PRIVATE AND CONFIDENTIAL INFORMATION – DO NOT SUBMIT BY EMAIL

Available in other formats upon request.