

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

Page 1 of 2



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 - Applicant's Mailing address	CONFIDENTIA PRO	L & RESTRIC	When comple	eted	DISPO	ONIBLE	EN FR	ANÇ	AIS
Name			Dayti	me phone nu	number(s)				
Address			(
			(
City Province	Postal (Code	Èmail	address					
Section 2 - Type of document requeste	d								
occion 2 - Type of document requeste	Quantity								
 □ Birth Certificate with parents' names □ Birth Certificate without parents' names □ Copy of registration (this is not a birth certificat 									
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 🗌 🏻	Male					
Month Day Year Place of birth (town/city)			☐ F	Female					
						M A N	1 I T	0	$B \mid A$
Father or other parent Last name		First r	name		Midd	dle name(s)			
				1 1 1	1 1	1 1			ı
Place of birth (province if born in Canada—country if	born outside of Canada	a)							
			1			1 1			
Mother or other parent Maiden name		First r	name		Midd	dle name(s)			•
			1 1 1	1 1 1	1 1	1 1	1 1	1 1	
Place of birth (province if born in Canada—country if	born outside of Canada	a)							
OFFICE USE ONLY									
Checked:									
Entered:									
Reg. #									
<u> </u>									
Edited:									
Issued:									

Revised 05/19

Section 4 - Applicant's relationship to person named on certificate:												
Check one box that	t applies to you and s	ign 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 co	py of guardianship pa	apers)									
Representative	with written authorizati	on from person entit	led, parent, or guard	lian								
	pplication is for a birth											
Familial relationship to deceased :												
Signature of eligible person :												
Print name of eligible person:												
Section 5 - Type of issuance service												
been filed in ful	e is 6 to 8 weeks (shipp I, and registration has be vital event is registered anada Post	peen completed with	out errors. Although			ocuments for a vital event have regular issuance service will						
It does <u>not</u> experegistration has is registered co - Delivered by co - Fee: Canadi US des	edite registration of a via been completed withour rectly and in full. burier an destination stination \$	tal event. Rush issu ut errors. Although	ance service is not	available until do processed imme	cuments for a vital event ha diately, rush issuance servi	an application for a document. Ive been filed in full, and ce will proceed after a vital event						
	f different than mailin	g address)										
Name				Company name (if applicable)								
Street No. Street Name				Apt. no.	Buzzer No.	PO Box						
Postal Code	Postal Code City			Province	-	Country						
Fees and service levels subject to change without notice, please check our websit				for current infor	mation.	Phone number						
Section 6 - Met	hod of payment											
☐ Cash ☐ Debit card ☐ MasterCard / Vi	In person only		I authorize the	<u> </u>	gency to charge to my card	: \$ Expiry date						
☐ Money Order ☐ Certified Cheque Payable to the Minister of Finance				Cardholder's na	ame	Cardholder's signature						
- No post dated cheq - A \$20 service fee w	ues will be accepted vill be charged on returne	ed cheques	PROTECT Y	OUR CREDIT C	ARD INFORMATION—DO	NOT SUBMIT BY EMAIL						

Inquiries

Address:

Telephone:
Toll-Free (within Canada)
Fax:
E-Mail:
Web-Site:

204-945-3701 1-866-949-9296 204-948-3128 vitalstats@gov.mb.ca http://vitalstats.gov.mb.ca 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