

APPLICATION FOR STILLBIRTH CERTIFICATE

Please read instructions carefully and print clearly. Incomplete applications WILL NOT be processed.
If boxes marked with an "*" are not filled in, your application is incomplete.

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|---|---|--|--|---|--|
| ORDER DETAILS | 1 PRODUCT DETAILS | | | | |
| | Type of Product Requested | | *Quantity | Type of Product Requested | *Quantity |
| | Commemorative Certificate (\$35.00) | | | Certified Photocopy of Registration of Stillbirth (\$55.00) | |
| | | | Genealogical Photocopy of Registration of Stillbirth (\$55.00) | | |
| STILLBIRTH DETAILS | 2 DETAILS OF PERSON NAMED ON CERTIFICATE ["Subject"] | | | | |
| | 3 *Subject's Last Name | | 4 *Subject's First Given Name | | 5 Subject's Second Given Name(s) |
| | 6 *Subject's Date of Stillbirth - Month/Day/Year | | | | |
| | 7 *Subject's Place of Stillbirth - City/Town/Village/Other | | | 8 Stillbirth Registration Number | |
| MOTHER'S DETAILS | 9 *Mother's Last Name at Birth | | 10 *Mother's First Given Name | | 11 Mother's Second Given Name(s) |
| | 12 Mother's Current Last Name | | 13 Mother's Date of Birth Month/Day/Year | 14 *Mother's Place of Birth - City/Town/Village/Other AND Province/State AND Country | |
| | | | | | |
| FATHER'S DETAILS | 15 Father's Last Name at Birth (If on Registration) | | 16 Father's First Given Name | | 17 Father's Second Given Name(s) |
| | 18 Father's Current Last Name | | 19 Father's Date of Birth Month/Day/Year | 20 Father's Place of Birth - City/Town/Village/Other AND Province/State AND Country | |
| OTHER PARENTS' DETAILS | 21 Other Parent's Last Name at Birth (If on Registration) | | 22 Other Parent's First Given Name | | 23 Other Parent's Second Given Name(s) |
| | 24 Other Parent's Current Last Name | | 25 Other Parent's Date of Birth Month/Day/Year | 26 Other Parent's Place of Birth - City/Town/Village/Other AND Province/State AND Country | |
| | 27 Other Parent's Last Name at Birth (If on Registration) | | 28 Other Parent's First Given Name | | 29 Other Parent's Second Given Name(s) |
| | 30 Other Parent's Current Last Name | | 31 Other Parent's Date of Birth Month/Day/Year | 32 Other Parent's Place of Birth - City/Town/Village/Other AND Province/State AND Country | |
| APPLICANT DETAILS MAILING ADDRESS DETAILS | 33 THE FOLLOWING MUST BE COMPLETED BY THE PERSON APPLYING FOR THE STILLBIRTH CERTIFICATE ["Applicant"] *A readable photocopy of the Applicant's identification MUST be attached to this Application for Stillbirth Certificate. | | | | |
| | 34 *Applicant's First Given Name | | 35 Applicant's Second Given Name(s) | | 36 *Applicant's Current Last Name |
| | 37 *Mailing Address - Apartment # - Street # - Street Name - P.O. Box | | | | 38 If Mailing Address is to a Business, Attention: |
| | 39 *City/Town/Village/Other | | 40 *Province/State | | 41 *Country |
| | | | | | 42 Postal / Zip Code |
| | 43 Telephone - Home | | 44 Telephone - Work Cell | | 45 Email |
| | 46 *Reason Why Certificate is Requested | | | 47 *Applicant's Relationship to Person Named on Certificate Mother Father Other Parent Other: _____ | |
| | 48 *Method of Delivery Requested Mailed Picked up Urgent Service | | 49 *Payment Method: CANADIAN FUNDS ONLY Debit or Cash - In Person Only Cheque or Money Order - Payable to eHealth Saskatchewan IF Visa, MasterCard (Complete Payment Information Form and attach to Application) | | |
| | | | | | 50 *Payment Amount |
| | 51 *Signature of Applicant | | | 52 *Date Applicant Signed Application - Month/Day/Year | |
| *A readable photocopy of the Applicant's identification MUST be attached to this Application for Stillbirth Certificate. | | | | | |

Payment Method

| | |
|--|----------------------------|
| Card Number _____ | Expiry Date ____/____ |
| Visa MasterCard | |
| (Excludes Visa and MasterCard Debit) | |
| Total Amount Enclosed / Authorized \$ _____ | |
| Name on Card _____ | Cardholder Signature _____ |

Payment

- **Do not send cash.** It is against postal regulations to send cash through the mail.
- Persons living outside of Canada should obtain a Canadian money order.
- Payments by Cheque or Money Order should be made payable to “*eHealth Saskatchewan*”. Payments by cheque will be held for 6 business days until Health Registries receives notification from the bank that the cheque has cleared.
- **Urgent Service – Additional Fee of \$30.00** - Where rush service is required for a birth, death, or marriage certificate, clients may be able to request this Urgent Service option. If the application is complete, the information agrees with our records and the event is registered, the order will be processed as soon as possible.
 - In order to request Urgent Service, one of the following criteria must be met.
 - a) Immediate Travel – the client has already booked their holiday. The client must provide proof of the booking (i.e. trip itinerary).
 - b) Emergency Travel – the client must travel due to personal emergency (i.e. family death occurred out of province).
 - You can request your documents be sent by courier or you can pick-up. Documents are available for pick-up during regular business hours in Regina only.
 - When picking up the documents, the following must be provided or the document will not be released:
 - the client must present identification
 - if picking up for someone else, the person picking up the document must have written authorization from the other party; plus identification
 - The Urgent Service fee is \$30.00 and is charged on a per order basis in addition to the cost of the requested documents.

Fees

- **Certificates –\$35.00 or \$40.00**
 - The certificate contains information extracted from the original registration.
- **Certified Photocopies of Registration –\$55.00**
 - A certified photocopy of a registration is a duplicate of the original registration.
- **Genealogical Photocopies of Registration – Fee \$55.00**
 - A genealogical photocopy of a Registration is a duplicate of the original registration and is stamped “For Genealogy Only”.
- **Registration Search – \$25.00 for each search period of 3 or less consecutive years**
 - The fee will be charged if a search of the registry is requested and no product is issued.