

**A readable photocopy of the applicant's identification MUST be submitted with this application.  
Boxes marked with an \* must be completed.**

## Select Product Required

\* Indicate quantity of each type of product required.

**NOTE: APPLICANTS ARE RESPONSIBLE TO DETERMINE THE TYPE OF CERTIFICATE FOR THEIR NEEDS.**

### MUST BE COMPLETED

Type (check required type)

**Commemorative Certificate**    **\$35** Includes name of the individual, date of stillbirth, sex, place of stillbirth, parents' name(s), registration number, registration date.

**Copy of Registration of Stillbirth**    **\$55** Is a photocopy of the original stillbirth registration.

### MUST BE COMPLETED

Quantity (indicate number required)



## Saskatchewan Stillbirth Information

* Last Name			* Given Name(s)		
* Date of Stillbirth			* Place of Stillbirth - city/town /village/rural land location in Saskatchewan		
Month	Day	Year			

## Applicant Information

***This Section Must Be Completed by The Person Applying for the Stillbirth Certificate.***

* Given Name(s)		* Last Name	
* Complete Mailing Address for Certificate (street name, city, province, state, country)			* Postal Code
* Daytime Phone Number (including area code)		Email Address	
* Applicant's Relationship to Person Named on Certificate		If Other is checked supporting documentation must be included. NOTE: See 'Who Can Apply for a Stillbirth Certificate' on information page.	
<input type="checkbox"/> Parent <input type="checkbox"/> Adult Sibling <input type="checkbox"/> Other _____			

\* I solemnly declare that, to the best of my knowledge, the information provided is accurate and that I am eligible to obtain the documents requested.

**X**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application (MM/DD/YYYY)

**A readable photocopy of the applicant's identification MUST be submitted with this Application.**

## Delivery Information

**NOTE: HEALTH REGISTRIES IS NOT RESPONSIBLE FOR DELAYS OR LOST ITEMS BY CANADA POST.**

- Regular Mail (no additional charge) - delivered by Canada Post (No Tracking Provided)
- Pick up (no additional charge) in Regina 101-1901 Scarth St., Regina, SK. Check [ehealthsask.ca](http://ehealthsask.ca) for office hours.
- Regular Courier Service delivered to an address in Saskatchewan (additional \$30) with tracking number, if you would like to have your certificate delivered by courier.

**Note: For regular courier service to an address outside of Saskatchewan, you will need to make your own arrangements with a courier service. Call our office at 1-800-667-7551 for more information.**

**A readable photocopy of the applicant's identification MUST be submitted with this Application.**

## Payment Information

**Note: Payments must be made in CANADIAN funds. Overpayments in foreign currency will not be refunded.**

**By Mail:**

- Cheque / Certified Cheque - payable to **eHealth Saskatchewan**  
(orders paid by personal cheque will be delayed until the cheque clears the bank)
- Money Order - payable to **eHealth Saskatchewan**
- VISA / MasterCard
- VISA Debit / MasterCard Debit

**In Person:** 101-1901 Scarth St., Regina, SK

- Cheque / Certified Cheque - payable to **eHealth Saskatchewan**  
(orders paid by personal cheque will be delayed until the cheque clears the bank)
- Money Order - payable to **eHealth Saskatchewan**
- Debit
- Cash
- VISA / MasterCard
- VISA Debit / MasterCard Debit

\*Cardholder's Name (As shown on Card)

\*Cardholder's Signature

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Number (16 digits)

--	--	--	--

M M Y Y  
Expiry Date

Payment Amount \$ \_\_\_\_\_

- VISA
- MasterCard
- Visa Debit
- MasterCard Debit

**A readable photocopy of the applicant's identification MUST be submitted with this Application.**

**Important Information**

- ▶ If you are the applicant and would like someone else to pick up your documents, you must provide a completed Authorization Form, available at [ehealthsask.ca](http://ehealthsask.ca), and a readable photocopy of identification of both parties.
- ▶ Our processing times are available at [ehealthsask.ca](http://ehealthsask.ca). This does not include Canada Post mailing time.
- ▶ You can return the completed form to:

**eHealth Saskatchewan**  
**101-1901 Scarth St.**  
**Regina, SK S4P 4L4**

**ALL applicants MUST PROVIDE IDENTIFICATION as outlined below.**

\*\*Please ensure copies of identification are readable. Do NOT send original documents. We are not responsible for any loss or damage that may occur.

<b>** ONE PIECE REQUIRED FROM BELOW LIST</b> <b>Government Issued Photo ID</b>	<b>OR</b>	<b>** TWO PIECES REQUIRED FROM BELOW LIST</b> <b>Other ID</b>
Photo Driver's License / SGI Identification Card		Birth Certificate
Passport		Health Card
Certificate of Indian Status (Status card)		Student ID Card
Citizenship Card		Utility Bill (i.e. SaskPower, SaskEnergy, etc. that displays name and address)
Permanent Resident Card		A document that shows your name and address such as a Bank Statement, Residential Lease, Mortgage Document, Income Tax Statement, Cancelled Cheque, Social Assistance Benefit.

**Who can Apply for a Stillbirth Certificate?**

- A parent of the child.
- An adult sibling.
- An individual who is authorized by an eligible person. An authorization form found at [ehealthsask.ca](http://ehealthsask.ca) and a copy of identification of both parties must be included.

For more information about who can apply please see [ehealthsask.ca](http://ehealthsask.ca)