



# Application for Stillbirth Certificate - Instructions

For additional help contact Customer Support at 1-800-667-7551 or [vitalstatistics@eHealthSask.ca](mailto:vitalstatistics@eHealthSask.ca).

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While filling out your *Application for Stillbirth Certificate*, please read instructions carefully, print clearly and when needed refer to the number in these instructions to be sure your information is complete for each box.

## ALL INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

(If boxes marked with an “\*” are not filled in, your application is incomplete.)

### ORDER DETAILS

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Information about the type of product you are requesting and the number you are ordering.

#### 1. PRODUCT DETAILS:

Type of Product Requested: [See number 47 below for more information regarding who can apply for these documents.]

- **Commemorative Certificate** – Fee - \$35.00 (No GST); Size – 21.6 cm X 28 cm;
  - **Information displayed on Certificate** – the Subject’s Last Name, Subject’s First Given Name, Subject’s Second Given Name(s), Subject’s Sex, Subject’s Date of Stillbirth, Subject’s Place of Stillbirth, Subject’s Registration of Live Stillbirth Registration Number and Subject’s Registration of Live Stillbirth Registration Date; Subject’s Mother’s Last Name at Birth, Mother’s First Given Name, Mother’s Second Given Name(s) AND IF on the original Registration of Stillbirth, the Subject’s Father’s Last Name at the time of registration, Father’s First Given Name, Father’s Second Given Name(s), AND IF on the original Registration of Stillbirth, the Subject’s Other Parent’s Last Name at the time of registration, Other Parent’s First Given Name, and Other Parent’s Second Given Name(s).
  
- **Certified Photocopy of Registration of Stillbirth** – Fee - \$55.00 (No GST); Size –21.59 cm X 35.56 cm;
  - **Information displayed on Certified Photocopy** – this is an exact photocopy of the Registration of Stillbirth as registered with Health Registries and will include the signature of the registering party, and amendments or corrections to the record since the original Date of Registration.

- **Genealogical Photocopy of Registration of Stillbirth** – Fee - \$55.00 (No GST); Size –21.59 cm X 35.56 cm;
  - **Information displayed on Genealogical Photocopy** – includes the same information as the Certified Photocopy of Registration of Stillbirth and is stamped "FOR GENEALOGY ONLY".
- **\* Quantity: [There is a maximum limit of three (3) documents that may be ordered per application.]**
  - You **MUST** print the number you are ordering in the "Quantity" box beside the "Type of Product Requested" in order for your application to be processed.

**PLEASE NOTE:** A Search Fee of \$25.00 will be charged when an Application for Stillbirth Certificate is received and a search of the Registry is conducted, but no record is found. The search fee is for a consecutive three (3) year period search in the Registry. **[Example:** If a Certified Photocopy of Registration is requested and a specific year is provided, the fee is \$55.00 at the time of Application. A search of the Registry will be completed for a consecutive three (3) year period, [e.g.: date provided is 1929, a search will be done for 1928, 1929, and 1930] and if a record is found, the Certified Photocopy of Registration will be issued. If a search of the Registry is for that three year period and no record is found, there is a \$25.00 Search Fee for the search and the remaining \$30.00 will then be refunded.]

## STILLBIRTH DETAILS

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This section is to provide details of whose information is on the product you are requesting.

2. **DETAILS OF PERSON NAMED ON CERTIFICATE ["Subject"]**
3. **\* Subject's Last Name** – This is the Last Name that was given to the Subject at the time of the Stillbirth.
4. **\* Subject's First Given Name** – This is the First Name that was given to the Subject at the time of the Stillbirth.
5. **Subject's Second Given Name(s)** – This is the Second Name and any other names that were given to the Subject at the time of the Stillbirth.

6. **\* Subject's Date of Stillbirth** – Month/Day/Year – Enter the date that the Subject was stillborn, by writing the month, plus the day of the month, and full year. [**Example:** November 28, 2011.]
  
7. **\* Subject's Place of Stillbirth – City/Town/Village/Other** – Enter the location where the Subject was stillborn by providing the City/Town/Village or other location such as Legal Land Description. This **MUST** be a location within Saskatchewan. Health Registries only has records for those who are stillborn in Saskatchewan. If the Subject was stillborn in a location outside of Saskatchewan, you must apply to that jurisdiction.
  
8. **Stillbirth Registration Number** – If you have an old copy of the Commemorative Certificate of Stillbirth or Certified Photocopy of Registration of Stillbirth you will be able to complete this box. If you do not have the Stillbirth Registration Number, please fill in box with N/A.

## PARENTS' DETAILS

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This section is to provide details of the parents (mother, father, or other parents) to the subject whose information is on the product you are requesting.

9. **\* Mother's Last Name at Birth** – This is the Last Name that was given to the Subject's Mother at the time of the Mother's birth. This is also referred to as the Mother's Maiden Name. [**Example:** the Subject's Mother's Last Name at Birth is Black; she gets married and assumes her spouse's last name of Smith. The Subject's Mother's Last Name at Birth is then entered as Black.]
  
10. **\* Mother's First Given Name** – This is the First Name that was given to the Subject's Mother at the time of the Mother's birth.
  
11. **Mother's Second Given Name(s)** – This is the Second Name and any other names that were given to the Subject's Mother at the time of the Mother's birth.
  
12. **Mother's Current Last Name** – This is the Last Name that the Subject's Mother currently uses. [**Example:** the Subject's Mother's Last Name at Birth is Black; she gets married and assumes her spouse's last name of Smith. The Subject's Mother's Current Last Name is then entered as Smith.]

13. **Mother's Date of Birth – Month/Day/Year** – Enter the date that the Subject's Mother was born on, by writing the month, plus the day of the month, and full year. [**Example:** December 6, 1986.]
14. **\* Mother's Place of Birth – City/Town/Village AND Province/State AND Country** – Enter the location where the Subject's Mother was born by providing the City/Town/Village or other location such as Legal Land Description **AND** enter the Province/State **AND** the Country. [**Example:** Edmonton, Alberta, Canada or SW 14-19-08-02, Manitoba, Canada, or New Orleans, Louisiana, USA.]
15. **Father's Last Name at Birth (If on Registration)** – This is the Last Name that was given to the Subject's Father at the time of the Father's birth. [**Example:** the Subject's Father's Last Name at Birth is Jones; he gets married and assumes his spouse's last name of Smith. The Subject's Father's Last Name at Birth is then entered as Jones.]

**PLEASE NOTE:** The details regarding the Subject's Father's information are important even if it is unknown if the Subject's Father's details are on the original Stillbirth Registration. The applicant should complete all boxes possible, but if details are unknown, please fill in box with N/A.

16. **Father's First Given Name** – This is the First Name that was given to the Subject's Father at the time of the Father's birth.
17. **Father's Second Given Name(s)** – This is the Second Name and any other names that were given to the Subject's Father at the time of the Father's birth.
18. **Father's Current Last Name** – This is the Last Name that the Subject's Father currently uses. [**Example:** the Subject's Father's Last Name at Birth is Jones; he gets married and assumes his spouse's last name of Smith. The Subject's Father's Current Last Name is then entered as Smith.]
19. **Father's Date of Birth – Month/Day/Year** – Enter the date that the Subject's Father was born, by writing the month, plus the day of the month, and full year. [Example: February 22, 2011.]
20. **Father's Place of Birth – City/Town/Village AND Province/State AND Country** – Enter the location where the Subject's Father was born by providing the City/Town/Village or other location such as Legal Land Description **AND** enter the Province/State **AND** the Country. [Example: Edmonton, Alberta, Canada or SW 14-19-08-02, Manitoba, Canada or New Orleans, Louisiana, USA.]
21. **Other Parent's Last Name at Birth (If on Registration)** – This is the Last Name that was given to the Subject's Other Parent at the time of the Other Parent's birth. [**Example:** the Subject's Other Parent's Last Name at Birth is Green; they get married and assume their spouse's last name of Square. The

Subject's Other Parent's Last Name at Birth is then entered as Green.]

**PLEASE NOTE:** An Other Parent is a person other than the mother or father who was living with the mother or father of the Subject in a spousal relationship at the time of the Subject's stillbirth and who intended to participate as a parent in the upbringing of the Subject. The details regarding the Subject's Other Parent's information are important even if it is unknown if the Subject's Other Parent's details are on the original Stillbirth Registration. The applicant should complete all boxes possible, but if details are unknown, please fill in box with N/A.

22. **Other Parent's First Given Name** – This is the First Name that was given to the Subject's Other Parent at the time of the Other Parent's birth.
23. **Other Parent's Second Given Name(s)** – This is the Second Name and any other names that were given to the Subject's Other Parent at the time of the Other Parent's birth.
24. **Other Parent's Current Last Name** – This is the Last Name that the Subject's Other Parent currently uses. [Example: the Subject's Other Parent's Last Name at Birth is Green; they get married and assume their spouse's last name of Square. The Subject's Other Parent's Current Last Name is then entered as Square.]
25. **Other Parent's Date of Birth** – Month/Day/Year – Enter the date that the Subject's Other Parent was born, by writing the month, plus the day of the month, and full year. [Example: August 31, 1987.]
26. **Other Parent's Place of Birth – City/Town/Village AND Province/State AND Country** – Enter the location where the Subject's Other Parent was born by providing the City/Town/Village or other location such as Legal Land Description AND enter the Province/State AND the Country. [Example: Edmonton, Alberta, Canada or SW 14-19-08-02, Manitoba, Canada or New Orleans, Louisiana, USA.]

**PLEASE NOTE:** Up to two (2) Other Parents may be listed on a stillbirth registration. For fields 27-32 please refer to the instructions provided above for fields 21-26.

#### APPLICANT DETAILS

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This section is to provide details about the applicant, delivery and reason for the request.

33. **\* THE FOLLOWING MUST BE COMPLETED BY THE PERSON APPLYING FOR THE STILLBIRTH CERTIFICATE** ["Applicant"] [See number 47 below for more information regarding who can be an "Applicant".]

**PLEASE NOTE:** If the applicant has been adopted, where the instructions refer to the name at birth or parents

information, this should be the applicant's name and parents **AFTER adoption**.

If the applicant has completed a legal change of name (not assuming a different last name after marriage or registering a Common Law Spousal Relationship), where the instructions refer to the name at birth, this should be the applicant's name **AFTER the legal change of name**.

**A readable photocopy of the applicant's identification MUST be attached to this Application for Stillbirth Certificate.**

Identification is required to prove to Health Registries that you are the one completing the Application for Stillbirth Certificate and that someone has not used your identity illegally.

Identification that is required is either **one (1) piece** of government-issued photo identification **OR two (2) other pieces** of identification – one (1) **MUST** have your signature and the identification provided **MUST** be valid. Please provide a readable photocopy of both sides of the identification.

**Never send your original identification with your Application. eHealth accepts no liability for any loss or damage that may occur.**

**Examples of government-issued photo identification are:**

- Saskatchewan Photo Driver's License – valid / non-expired
- Canadian Indian Status Card – credit card style issued by the Government of Canada
- Canadian Indian Status Card – laminated Polaroid style
- Canadian Passport – valid / non-expired
- Canadian Citizenship Card – valid / non-expired
- Foreign Passport – (meets the two-piece identity requirement) valid / non-expired and must be accompanied with one (1) of the Citizenship and Immigration Canada (CIC) documents:
  - o Record of Landing – issued under the Immigration and Refugee Protection Act (Canada);
  - o Refugee Protection Claimant document (CIC);
  - o Study permit – issued under the Immigration and Refugee Protection Act (Canada);
  - o Temporary Residence Card (CIC);
  - o Visitor record – issued under the Immigration and Refugee Protection Act (Canada);
  - o Work permit – issued under the Immigration and Refugee Protection Act (Canada)]
- Canadian Jurisdiction Driver's License – valid/non-expired

**Examples of other forms of identification are:**

- Birth Certificate
- Health Services Card – valid non-expired

- Certificate of Change of Name
- Court Order – containing the person’s birth date and legal name, and sealed with the court’s seal
- Utility bill – (SaskEnergy, SaskPower, SaskTel or Water)
- Bank statement or cancelled cheque – with the person’s home address
- Mortgage document
- Residential lease
- Personal income tax document – with the person’s address
- Employment confirmation
- Social assistance benefit confirmation
- Student Identification Card – valid / non-expired
- Library Card – valid / non-expired

Other documents may be accepted by special arrangement. Please contact Health Registries to discuss **BEFORE** you submit your *Application for Stillbirth Certificate*.

34. **\* Applicant’s First Given Name** – This is the First Name that was given to the applicant at the time of their birth or variation that is used at the time of applying.

**PLEASE NOTE:** If this is the name that the applicant normally uses, this name must match that as shown on the identification submitted with the *Application for Stillbirth Certificate*. Also, this is the name that will be used for the purposes of contact by Health Registries when the document(s) requested are issued and if there is a need to obtain further information from the applicant.

35. **Applicant’s Second Given Name(s)** – This is the Second Name and any other names that were given to the applicant at the time of their birth.

**PLEASE NOTE:** If this is the name that the applicant normally uses, this name must match that as shown on the identification submitted with the *Application for Stillbirth Certificate*. Also, this is the name that will be used for the purposes of contact by Health Registries when the document(s) requested are issued and if there is a need to obtain further information from the applicant.

36. **\* Applicant’s Current Last Name** – This is the Last Name that the applicant currently uses. **[Example:** the applicant’s Last Name at Birth is Doe; they get married and assume their spouse’s last name of John. The Subject’s Current Last Name is then entered as John.].

**PLEASE NOTE:** If this is the name that the applicant normally uses, this name must match that as shown on the identification submitted with the *Application for Stillbirth Certificate*. Also, this is the name that will be used for the purposes of contact by Health Registries when the document(s) requested are issued and if there is a need to obtain further information from the applicant.

37. **\* Mailing Address: Apartment # – Street # – Street Name – P.O. Box** – This is the address that will be used for the purposes of contact by Health Registries when the document(s) applied for are issued and if there is a need to obtain further information from the applicant.
38. **If Mailing Address is to a Business, Attention** – If the applicant wants the document(s) applied for to be sent to a business, this box must have the name of the person who is to receive the document(s) from Health Registries. **[Example:** the applicant wants the document(s) to be sent to their lawyer. The applicant would provide their own name in boxes 34, 35 and 36; they would provide their lawyer's address in box 37 "Mailing Address" and then completes this box by putting in their lawyer's name.]
39. **\* City/Town/Village/Other** – The City, Town, Village or other location where the Mailing Address is located.
40. **\* Province/State** – The Province or State where the Mailing Address is located.
41. **\* Country** – The Country where the Mailing Address is located.
42. **Postal/Zip Code** – The Postal Code or Zip Code where the Mailing Address is located.
43. **Telephone – Home** – This is the applicant's home telephone number that can be used if Health Registries must contact the applicant.
44. **Telephone – Work/Cell** – This is the applicant's work or cell telephone number that can be used if Health Registries must contact the applicant.
45. **Email** – This is the applicant's email address that can be used if Health Registries must contact the applicant.
46. **\* Reason Why Certificate is Requested** – This information is used to determine if the applicant is eligible to receive the document(s) being applied for and to assist the applicant in obtaining the right document.



47. **\* Applicant's Relationship to Person Named on Certificate – Mother/Father/Other Parent /Other -**

This is the applicant's relationship to the person who is named on the document being requested. There are specific rules about who can receive Stillbirth information from Health Registries. The standard examples of who is allowed to receive Stillbirth information are:

- If you are the Mother of the Subject, and you are listed as the Mother on the original Registration of Stillbirth, you would select **Mother**.
- If you are the Father of the Subject, and you are listed as the Father on the original Registration of Stillbirth, you would select **Father**.
- If you are the Other Parent of the Subject, and you are listed as an Other Parent on the original Registration of Stillbirth, you would select **Other Parent**.
- If you are the Executor of an Estate and you are requesting the Stillbirth Certificate of the person who is deceased, you would select **Other** and on the line provided you would print "Executor". You **MUST** then include with the application the documents to prove you are the Executor.

**PLEASE NOTE:** You are not an eligible applicant and your Application will not be processed IF:

- You are the sibling, grandparent, aunt, uncle or step-parent of the Subject.

If you are not an eligible person, in order for your Application to be processed, you **MUST** provide an Authorization Form completed by an eligible person **AND** a readable photocopy of **two (2)** documents to establish the identity of that eligible person with your Application for Stillbirth Certificate, your identification and payment.

48. **\* Method of Delivery Requested - Mailed/Picked Up/Urgent Service** – The applicant must select the method of delivery so that Health Registries knows how the applicant would like to receive their requested document(s).

**PLEASE NOTE:** eHealth is not responsible for delays in shipping.

- **Mailed** – If an application is complete, the information given in the application agrees with our records and the event has been registered, you will be mailed your order when ready.
- **Picked Up** – Documents can only be picked up in person at the Regina Health Registries Office. When you arrive to pick up your documents, you **MUST** have identification with you that matches the information on the *Application for Stillbirth Certificate*.

**PLEASE NOTE:** If you are the applicant and want someone else to pick up your documents, you **MUST** provide an

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**Authorization Form** and a readable photocopy of your identification to that person and when that person arrives to pick up your documents, they **MUST** have identification that matches the information on the Authorization Form.

- **Urgent Service** - 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.

**PLEASE NOTE:** There is a \$30.00 fee if you meet the criteria. This fee is in addition to the fee for the document(s) requested. [Example: The applicant completes the Application for Birth Certificate and is ordering one (1) Commemorative Stillbirth Certificate for \$25.00 and one (1) Certified Photocopy of Registration of Stillbirth for \$55.00 for a total of \$90.00. The applicant then selects Urgent Service for an additional \$30.00. The total amount due for the order is \$120.00.]

49. \* **Payment Method: CANADIAN FUNDS ONLY**

**PLEASE NOTE:** eHealth does not accept International Money Orders, USA Cheques, American Express, VISA Debit Cards or MASTERCARD debit cards.

- a) **Debit or Cash** - is accepted in person only at our Regina location. It is against Postal Regulations to send Cash in the mail.
- b) **Cheques and Money Orders** - must be made payable to eHealth Saskatchewan and must be in Canadian funds. If you are paying by cheque, your request will be held for 6 business days until the bank notifies Health Registries that your cheque has cleared.

c) **Visa and MasterCard** - MUST be made by completing a **[Payment Information Form](#)** and attaching it to the ***Application for Stillbirth Certificate***.

50. \* **Payment Amount** – Please print the payment amount being provided.

51. \* **Signature of Applicant** – The applicant **MUST** sign the Application for Birth Certificate. The signature MUST be the applicant's ordinary signature and **MUST** be written entirely in the characters of the Roman alphabet.

52. \* **Date Applicant Signed Application - Month / Day / Year** – The applicant **MUST** provide the date on which they signed the *Application for Stillbirth Certificate*.