

# **Application for Birth Certificate**

To speed up processing time, order online at ehealthsask.ca

For additional inquiries contact Health Registries at: 1-800-667-7551 2130 11<sup>th</sup> Avenue Regina, SK S4P0J5

| A readable photocopy of the applicant's identification MUST be submitted with this application.<br>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. EHEALTH<br>SASKATCHEWAN CANNOT GUARANTEE THAT A BIRTH CERTIFICATE WITHOUT A SEX DESIGNATION WILL BE<br>ACCEPTED BY OTHER ORGANIZATIONS.                             |   |  |  |  |  |
| MUST BE COMPLETED  |   | MUST BE COMPLETED  |  |  |  |
| Type (check required type) Quantity (indicate number requ  |   |  |  |  |  |
| SHORT FORM BIRTH Certificate \$35 Includes full name of the individual, date of birth, place of birth, sex, registration number, registration date.  |   |  |  |  |  |
| I do <b>NOT</b> want sex displayed on this birth certificate (optional)  |   |  |  |  |  |
| LONG FORM BIRTH Certificate \$40 The same information that appears on the short form birth certificate, and parents' names and birth places, if included on the registration of live birth.  |   |  |  |  |  |
| I do <b>NOT</b> want sex displayed on this birth certificate (optional)  |   |  |  |  |  |
| COPY OF REGISTRATION OF LIVE BIRTH (Not a birth certificate) \$55 Is a photocopy of the original registration of live birth. Note: These are most commonly required for international purposes and are not usually acceptable for personal identification. |   |  |  |  |  |
|  | Birth Information                                   |  |  |  |  |
| * Last Name at Birth   | * Given Name(s)                                     |  |  |  |  |
| Sex * Date of Birth * Place of Birth - cit   | ty/town/village/rural land location in Saskatchewan | * Is this application for someone who is deceased?           |  |  |  |
| Male Female Unknown Month Day Year   |   | Yes No   |  |  |  |
| * Mother's Last Name at Birth * Given Name(s)  |   |  |  |  |  |
| Date of Birth Place of Birth – Canadian province or country if born outside of Canada  |   |  |  |  |  |
| Father Other Parent's last name at Birth   | Given Name(s)                                       |  |  |  |  |
| Date of Birth     Place of Birth – Canadian province or country if born outside of Canada  |   |  |  |  |  |
| Month Day Year   |   |  |  |  |  |
| Applicant Information  |   |  |  |  |  |
| This Section Must Be Completed by The Person Applying for the Birth Certif   |   | to apply for own birth 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  |   |  |  |  |  |
| Self Mother Father Other Parent Other  |   | OTE: See <i>'Who Can Apply for a Birth</i> information page. |  |  |  |
| * 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)   |   |  |  |  |  |



## **Application for Birth Certificate**

To speed up processing time, order online at ehealthsask.ca

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

|   | Dellesses   | 6  |  |  |
|---|---|--|--|--|
| 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 3 <sup>rd</sup> Floor - 2130 11 <sup>th</sup> Ave., Regina, SK. Check <u>eHealthsask.ca</u> for office hours.  |   |  |  |  |
| Regular Courier Service delivered to an address in Saskatchewan (with tracking number), used if you do not meet urgent service criteria but would like to have your certificate delivered by courier. (Additional \$30) |   |  |  |  |
| Note: For regular courier service to an address outside of Saskatchewan, you will need to make your own arrangements with a courier service.<br>Call our office at 1-800-667-7551 for more information.                 |   |  |  |  |
| Urgent Service Courier delivered to an<br>address in Saskatchewan (Additional \$30)<br>Note: For regular courier service to   | Note: If urgent service is requested the application <u>MUST</u> meet urgent service criteria:<br>a) Immediate Travel – the client has already booked their holiday. The client must provide proof of the                         |  |  |  |
| an address outside of Saskatchewan,   | booking (e.g. trip itinerary).  |  |  |  |
| you will need to make your own<br>arrangements with a courier service.  | <ul> <li>b) Emergency Travel – the client must travel due to personal emergency (e.g. family death)</li> <li>Note: If requesting urgent service by courier please pay by Credit Card, Money Order or Certified Cheque.</li> </ul> |  |  |  |
| Call our office at 1-800-667-7551 for more information.   | Note. In requesting urgent service by council please pay by credit Gald, woney Order of Certified Cheque.   |  |  |  |
| Urgent Service Pick Up<br>(Additional \$30)   |   |  |  |  |
|   |   |  |  |  |
| Payment Information   |   |  |  |  |
| Note: Payments must be made in Canadian funds.  |   |  |  |  |
| <u>By Mail:</u>   |   | <u>In Person:</u> 3 <sup>rd</sup> floor - 2130 11 <sup>th</sup> Ave., Regina, SK |  |  |
| Cheque / Certified Cheque - payable to <b>eHealth Saskatchewan</b><br>(orders paid by personal cheque will be delayed until the cheque clears the bank)   |   |  |  |  |
| Money Order - payable to eHealth Saskatchewan   |   | Money Order - payable to eHealth Saskatchewan                                    |  |  |
| VISA / MasterCard   |   | Debit  |  |  |
| VISA Debit / MasterCard Debit   |   | Cash   |  |  |
|   |   | VISA / MasterCard  |  |  |
|   |   | VISA Debit / MasterCard Debit  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| *Cardholder's Name (As shown o  | un Card)  | *Cardholder's Signature  |  |  |
|   | · ,   |  |  |  |
|   |   |  |  |  |
| Credit Card Number (  | 16 digits)  |  |  |  |
|   |   | Expiry Date  |  |  |
| Payment Amount \$   |   |  |  |  |
| VISA MasterCard MaterCard Visa Debit Visa Debit MasterCard Debit  |   |  |  |  |
|   |   |  |  |  |



**Application for Birth Certificate** To speed up processing time, order online at ehealthsask.ca

#### 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 <u>eHealthsask.ca</u>, and a readable photocopy of identification of both parties.
- Our processing times are available at eHealthsask.ca. This does not include Canada Post mailing time.
- You can return the completed form to: eHealth Saskatchewan
   2130 11<sup>th</sup> Avenue
   Regina, SK S4P 0J5

## 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.

| ** ONE PIECE REQUIRED FROM BELOW LIST            |    | ** TWO PIECES REQUIRED FROM BELOW LIST  |
|--|----|---|
| Government Issued Photo ID                       |    | Other ID  |
| Photo Driver's License / SGI Identification Card |    | Birth Certificate   |
| Passport   |    | Health Card   |
| Native Status Card                               | OR | 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<br>Bank Statement, Residential Lease, Mortgage Document,<br>Income Tax Statement, Cancelled Cheque, Social Assistance<br>Benefit. |

#### Who can Apply for a Birth Certificate?

- The person themselves if 15 years or older.
- A parent (as listed on the Registration of Birth) if the birth certificate is for someone who is less than 18 years old.
- A legal custodian or personal or property guardian. Must be accompanied by a copy of the court order, legal custody agreement or other legal document.
- An individual who is authorized by an eligible person. An authorization form found at <u>ehealthsask.ca</u> and a copy of identification of both parties must be included.
- The personal representative of the estate of the person for whom the birth certificate is required. Must be accompanied by a copy of the will, estate administration letter or court order.
- A person who requires a certificate to prove Treaty or Metis status. Must include a letter from the agency requesting the document.
- Social Services or Child and Family Services Agencies accompanied by a letter on agency letterhead outlining the reason for requesting the certificate.
- Any person/organization as directed by a court order.

For more information about who can apply please see ehealthsask.ca