

Application for Genealogical Copy of Birth, Marriage, Death

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

Boxes marked with an * must be completed.

****IMPORTANT – The fee for each genealogical copy is \$55.00 that includes a \$25.00 search fee and a \$30.00 fee for a copy of the registration. If a record is not found, you will be refunded the \$30.00 fee for the copy of the registration.****

Select Product Required

Genealogical Copy of BIRTH Registration that is 100 years or older - \$55.00 fee (includes a \$25 non-refundable search fee)

| | |
|--|--|
| * Last Name at Birth | * First Name(s) |
| Other Names Used (if any) | * Date of Birth (MM/DD/YYYY) – Year of Birth is required |
| Place of Birth – city/town/village/rural land location in Saskatchewan | |
| Mother’s Last Name at Birth | Mother’s First Name(s) |
| Father’s Last name at Birth | Father’s First Name(s) |

Genealogical Copy of MARRIAGE Registration that is 75 years or older- \$55.00 fee (includes a \$25 non-refundable search fee)

| | |
|---|---------------------------|
| * Spouse #1 Last Name (prior to this marriage) | * Spouse #1 First Name(s) |
| * Spouse #2 Last Name (prior to this marriage) | * Spouse #2 First Name(s) |
| * Date of Marriage (MM/DD/YYYY) – Year of Marriage is required | |
| Place of Marriage – city/town/village/rural land location in Saskatchewan | |

Genealogical Copy of DEATH Registration that is 70 years or older - \$55.00 fee (includes a \$25 non-refundable search fee)

| | |
|--|--|
| * Last Name at Death | * First Name(s) |
| * Date of Death (MM/DD/YYYY) – Year of Death is required | Place of Death - city/town/village/rural land location in Saskatchewan |
| Mother’s Last Name | Mother’s First Name(s) |
| Father’s last name | Father’s First Name(s) |

Applicant Information

This Section Must Be Completed by The Person Applying for the Genealogical Copy

| | |
|---|-------------------------|
| * Applicant’ First Name(s) | * Applicant’s Last Name |
| * Mailing Address (street name, city, province, state, country) | * Postal Code |
| * Daytime Phone Number (including area code) | Email Address |

X _____

* Applicant’s Signature

_____ Date of Application (MM/DD/YYYY)

Application for Genealogical Copy of Birth, Marriage, Death

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 for office hours.
- Regular Courier Service (additional \$30) with tracking number, if you would like to have your document delivered by courier.

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, and a readable photocopy of your identification.
- You can return the completed form to:
eHealth Saskatchewan
101-1901 Scarth St.
Regina, SK S4P 2H1

Payment Information

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

By Mail:

In Person: 101-1901 Scarth St., Regina

- | | |
|--|--|
| <input type="checkbox"/> Cheque / Certified Cheque - payable to eHealth Saskatchewan (orders paid by personal cheque will be delayed until the cheque clears the bank) | <input type="checkbox"/> Cheque / Certified Cheque - payable to eHealth Saskatchewan (orders paid by personal cheque will be delayed until the cheque clears the bank) |
| <input type="checkbox"/> Money Order - payable to eHealth Saskatchewan | <input type="checkbox"/> Money Order - payable to eHealth Saskatchewan |
| <input type="checkbox"/> VISA / MasterCard | <input type="checkbox"/> Debit |
| <input type="checkbox"/> VISA Debit / MasterCard Debit | <input type="checkbox"/> Cash |
| <input type="checkbox"/> VISA / MasterCard | <input type="checkbox"/> VISA / MasterCard |
| <input type="checkbox"/> VISA Debit / MasterCard Debit | <input type="checkbox"/> VISA Debit / MasterCard Debit |

* Cardholder's Name (As shown on Card)

* Cardholder's Signature

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

*Credit Card Number (16 digits)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

MM YY

*Expiry Date

*Payment Amount \$ _____

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Visa  | <input type="checkbox"/> MasterCard  | <input type="checkbox"/> Visa Debit  | <input type="checkbox"/> MasterCard Debit  |
|---|---|---|---|