

# APPLICATION FOR DECLARATION OF PARTICULARS CERTIFICATE

	CONTACT INFORMATION AND MAILING ADDRESS													
PRINT your name, address and identifying information clearly. This your certificate or correspondence.						portion is used when mailing				SE ONLY: AFS	#			
Surname						Given Name(s)								
Residential Address						City/Town/Village, Province/State, Country								
Postal/Zip Code Home phone (include area code)					Work phone (include extension and					tension and a	rea code)			
	authorize the Vita	al Statistics Age	acy to mail corresp	ondence and/or lea	al documents to the person/organization listed below.									
(Authorization required if mailing address is different from residential address.)  Signature														
Company and/or Individual Name					Mailing Address (if different from residential address)									
City/Town/Village, Province/State, Country					Postal/Zip Code									
BIRTH	SURNAME *					* <b>NOTE:</b> Provide your surname at birth/adoption or following a legal change of name even if you currently use a surname by marriage.								
	GIVEN NAME(S) & SEX	First				Middle Name(s)							Sex	
	DATE & PLACE	Month (e.g. FEB) Day Year				City/Town/Village						BRITI:	SH JMBIA	
ENT	SURNAME													
FATHER / PARENT DETAILS	GIVEN NAME(S)	First					Middle Name(s)							
	BIRTHPLACE	City/Town/Village				Province/State					Country			
MOTHER	MAIDEN** SURNAME					**NOTE: The mother's maiden surname is the last name she was given at birth, or if a legal change of name has been completed, her new last name as noted on the change of name certificate. In Canada, the mother's birth surname or surname following a legal change of name is always listed on the child's birth registration and the parental birth certificate, even if she married.								
	GIVEN NAME(S)	First				Middle Name(s)								
≥ □	BIRTHPLACE	City/Town/Village				Province/State				Country				
			YOUR RE	LATIONSHIP '	TO PE	ERSON	NAMED IN	N THE	BIRTH EV	/ENT				
	Parent	Child	Out-of-p	rovince social worker	r		Other <sup>†</sup>					_		
(†requires written authori								n authorizatio	n from an eligible applicant)					
Yo	ur signature: 🗶													
<b>NOTE:</b> If the above particulars are not completed in full, or if the correct payment per service requested is not enclosed, your request will be returned by mail.														
NUMBER OF CERTIFICATES REQUIRED														
Qu	antity			Delivery Type	C	ost	Estimated	Time for	Delivery					
Declaration of Particulars Certificate(s) Mail  Declaration of Particulars Certificate(s) Courier ††						527	Prints in 2 -	5 busine	ss days; <b>add</b>	mailing time	e from Victoria to you.			
_		ration of Particula		\$60 Prints next business day; <b>add</b> courier delivery time from Victoria to you.										
††Courier delivery is <b>not</b> made to post office boxes, apartment complexes, homes that use Super Box (community) mailboxes, or basement suites. Instead, a delivery notice with instructions is left at the mailing address and the envelope is delivered to the nearest postal outlet. ID and signature are required upon pick up.														
PAYMENT METHOD														
Cheque or Money Order payable to the Minister of Finance. (Postdated cheques are not accepted.)														
	Credit Card:	Please bill my:	☐ Visa ☐ Ma	asterCard 🔲 Ame	erican Ex	xpress								
	Interac/Cash payr	ments can be ma	de in person at a S	ervice BC Centre. Vi	isit <u>ww</u>	w.service	ebc.gov.bc.ca to	find a lo	ocation near	you.				
Card holder name:												_		
PRINT card holder name as shown on credit card  Card holder signature: X  Amount Enclose									Enclosed \$		_)			
l	dit Card #: e: Credit card informa	tion is not retained.	Upon authorization of	the payment request, all	l credit ca	ard informa		e:			_			
				,,		2								

## **IMPORTANT INFORMATION FOR COMPLETING THIS FORM**

The **Declaration of Particulars Certificate** has been created to comply with the *Vital Statistics Act* and to increase restrictions around the issuance of foundation identity documents to individuals other than those named in the event. In accordance with section 41 of the *Vital Statistics Act*, this certificate is admissible in any court of law as evidence of the facts recorded in the certificate.

The Declaration of Particulars Certificate is used:

- to address amendments to the *Vital Statistics Act* that restrict the issuance of birth certificates to a parent, when the subject of the birth registration has reached 19 years of age, and
- to address the requirements of our stakeholders while protecting the integrity of foundation identity documents. The Declaration of Particulars Certificate can be used by our business partners who require legal documentation of birth registration information for use in the discharge of official duties.

#### TO AVOID DELAY

- Verify that you are eligible to request a certificate (see Section 3 below).
- Write your correct address and telephone number clearly on your application. To authorize the Vital Statistics Agency to send
  correspondence to a mailing address that is different from your residential address, you MUST check the box and provide your signature beside
  the statement provided on page one. Without authorization, we cannot process your request.
- Complete all sections in full. If there is information you do not know, include the following three items with your application:
  - 1. A brief letter explaining why the information is unknown to you.
  - 2. Photocopies of two pieces of identification one piece should be picture ID.
  - 3. Written verification of your identity on official letterhead from a physician, lawyer, notary public, or religious representative who has known you for at least two years.
- Enclose the correct payment in Canadian Funds. Payments made by cheque or money order should be made payable to the Minister of Finance. Do <u>not</u> postdate cheques or send cash by mail. A service charge of \$30.00 is levied on all cheques not honoured by the payee's financial institution. Note: Interac/Cash payments can be made in person at a Service BC Centre. Visit <u>www.servicebc.gov.bc.ca</u> to find a location near you.

## 1) Fees

Fees listed on this form are determined under the Vital Statistics Act Regulation and are subject to change without notice.

#### 2) Information Provided

The Declaration of Particulars Certificate contains the following information:

Name, date, place, sex, registration date and number, and parents' names and birthplaces.

## 3) Who Qualifies to Apply for a Declaration of Particulars Certificate

Certificates may be released to:

- a) A parent of the person who is subject to the certificate when the subject is over 19;
- b) A person who has <u>written authorization</u> from the person described in paragraph a);
- c) An out-of-province social worker who provides proof that the child is in their care;
- d) A child who is making application for native status and requires a certificate to prove parental/ancestral relationship;
- e) Any other person who satisfies the registrar general concerning the good faith of the person's cause for requiring the certificate.

### **CONTACT INFORMATION**

Mailing Address: Vital Statistics Agency, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3

Telephone: 250 952-2681 (Victoria & Outside B.C.), 1 888 876-1633 (within B.C.)

**Web:** <u>www.gov.bc.ca/vitalstatistics</u>

Apply for services in person at any Service BC Centre. Visit <a href="www.servicebc.gov.bc.ca">www.servicebc.gov.bc.ca</a> for your nearest location.

#### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

This information is collected by the Vital Statistics Agency under section 26(c) of the Freedom of Information and Protection of Privacy Act and will be used to fulfill the requirements of the Vital Statistics Act for the release of birth information. Should you have any questions about the collection of this personal information, please contact:

Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3.

VSA 434D 2019/07/16 PAGE 2 OF 2