

APPLICATION FOR STILLBIRTH CERTIFICATE OF REMEMBRANCE

PLEASE READ THE INSTRUCTIONS AND INFORMATION ON PAGE 2 OF THIS FORM.

APPLICANT AND MAILING INFORMATION											
Please PRINT your name, address and identifying information clearly. This portion is used when											
mailing your certificate or correspondence. Surname Given Name(s)											
Samuric											
Residential Address						City/Town/Village, Province/State, Country					
Postal/Zip Code					Home phone (include area code)			Work phon	Work phone (include area code and extension)		
I authorize the Vital Statistics Agency to mail correspondence and/or legal 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		
RTH LS	Surname										
STILLBIRTH DETAILS	Given Names & Sex					Aiddle Name(s)				Sex	
is	Date & Birthplace	Month (e.g. FEB) Day Year				City/Town/Village				BRITISH COLUMBIA	
FATHER / PARENT DETAILS	Surname										
	Given Names										
FATH	Birthplace	City/Town/Village				Province/State			Country		
MOTHER DETAILS	MAIDEN* Surname										
	Given Names	First				Middle Names					
20	Birthplace	City/Town/Village				Province/State			Country		
*The mother's maiden surname is the last name given at birth, or if a legal change of name has been completed, the new last name as noted on the Certificate of Change of Name. In Canada, the parents' birth surnames or surnames following a legal change of name, are always listed on the child's birth registration and the parental birth certificate, even if they are married.											
YOUR RELATIONSHIP TO THE EVENT:											
☐ Mother ☐ Father/Parent ☐ Funeral Director ☐ †Other(†requires written authorization from an eligible applicant)											
YOUR SIGNATURE: X											
NUN	MBER OF CER	TIFICATES REQUI	RED:								
# Certificate(s) Regular service - \$27.00 per certificate (Average 5 to 7 working days processing time)											
NOTE: 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.											
PAYMENT METHODS											
	Cheque or Mone	y Order payable to the N	linister of Fina								
		ase bill my: 🔲 Visa [• ,				
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.											
Card holder name: PRINT card holder name as shown on credit card											
Card holder signature: X Amount Enclosed \$											
Credit Card #: Expiry date:											

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Note: Credit card information is not retained. Upon authorization of the payment request, all credit card information is destroyed.

IMPORTANT INFORMATION

Please Note: The *Vital Statistics Act* defines a stillbirth as "...at least 20 weeks of pregnancy or after attaining a weight of at least 500 grams..."

The Vital Statistics Agency can only issue a Stillbirth Certificate of Remembrance for births that meet this definition.

TO AVOID DELAY:

- **Verify that you are eligible** to request a certificate (see Section 3 below).
- Write your complete address and telephone number clearly on your application. To authorize the Vital Statistics Agency to send
 correspondence and the requested documents 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 not postdate cheques or send cash by mail. A service charge of \$30.00 is levied on all cheques <u>not</u> honoured by the payee's financial institution.

1) FEES

The cost per certificate is \$27.00.

2) INFORMATION PROVIDED

A Stillbirth Certificate of Remembrance contains the following information:

- · Child's name,
- · Date and place of stillbirth; and
- · Parents' names

3) WHO QUALIFIES TO APPLY FOR A CERTIFICATE OF REMEMBRANCE

Certificates of Remembrance may be released to:

- a) A parent of the person who is the subject of the certificate,
- b) A person who has written authorization from a person described in paragraph a),
- c) A Funeral Director; or
- d) 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 9P3Telephone:250 952-2681 (Victoria & Outside B.C.), 1 888 876-1633 (within B.C.)

Web: www.gov.bc.ca/vitalstatistics

 $Apply for services in person at any Service BC Centre. Visit \underline{www.servicebc.gov.bc.ca} for your nearest location.$

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 stillbirth 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.

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