

# DECLARATION OF LOST OR STOLEN BIRTH CERTIFICATE

## CONTACT DETAILS

Surname		Given Name(s)	
Mailing Address		City/Town/Village	Province/State, Country
Postal/Zip Code	Home Phone (include area code)		Work Phone (include area code)

## BIRTH DETAILS

Surname (At birth or adoption, or after legal name change.)		First Name		Middle Name(s)	
DATE OF BIRTH:	Month (e.g. Feb) MMM	Day DD	Year YYYY	PLACE OF BIRTH:	City/Town/Village
				BRITISH COLUMBIA	Sex

## FATHER/PARENT DETAILS

Surname		First Name		Middle Name(s)	
PLACE OF BIRTH:	City/Town/Village	Province/State		Country	

## MOTHER DETAILS

Maiden Surname *See page 2		First Name		Middle Name(s)	
PLACE OF BIRTH:	City/Town/Village	Province/State		Country	

## AUTHORIZATION TO CANCEL CERTIFICATES

Section 1	<input type="checkbox"/> I, _____ (Print Name) provide my consent in accordance with the <i>Vital Statistics Act</i> section 40.1(2)(c) to cancel <b>ALL</b> certificates issued prior to the date signed in this section.	
	Signature <b>X</b> _____ Date Signed _____	
Section 2	<input type="checkbox"/> I, _____ (Print Name) provide my consent in accordance with the <i>Vital Statistics Act</i> section 40.1(2)(c) to cancel <b>ALL</b> certificates issued from the date signed on this form <b>except for those listed below.</b> You may only indicate certificates which have a date issued of <b>1999 or later.</b>	
	Certificate # _____	Date Signed _____
	Certificate # _____	Date Signed _____
	Signature <b>X</b> _____	Date Signed _____

Section 1	<input type="checkbox"/> I, _____ (Mother) AND _____ (Father/Parent - if named on the birth registration)		<b>BOTH parents must consent.</b>
	<b>OR</b> I, _____ (Legal Guardian†)		
	provide my consent in accordance with the <i>Vital Statistics Act</i> section 40.1 (2) (c) to cancel <b>ALL</b> certificates issued prior to the date signed in this section.		
	Mother Signature <b>X</b> _____ Date Signed _____ Father/Parent Signature <b>X</b> _____ Date Signed _____ <b>OR</b> Legal Guardian Signature <b>X</b> _____ Date Signed _____		
Section 2	<input type="checkbox"/> I, _____ (Mother) AND _____ (Father/Parent - if named on the birth registration)		<b>BOTH parents must consent.</b>
	<b>OR</b> I, _____ (Legal Guardian†)		
	provide my consent in accordance with the <i>Vital Statistics Act</i> section 40.1 (2) (c) to cancel <b>ALL</b> certificates issued from the date signed on this form <b>except for those listed below.</b> (You may only indicate certificates which have a date issued of <b>1999 or later.</b> )		
	Certificate # _____ Date Issued _____ Certificate # _____ Date Issued _____ Mother Signature <b>X</b> _____ Date Signed _____ Father/Parent Signature <b>X</b> _____ Date Signed _____ <b>OR</b> Legal Guardian Signature <b>X</b> _____ Date Signed _____		

†Proof of guardianship papers **MUST** be submitted

## IMPORTANT INFORMATION FOR COMPLETING THIS FORM

\* 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 Certificate of Change of Name. 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 is married.

† If a legal guardian is authorizing the cancellation of certificates, proof of guardianship papers **MUST** be submitted.

Under the authority provided by section 40.1 (2) (c) of the *Vital Statistics Act*, the registrar general may order the cancellation of a certificate when reported lost or stolen.

A certificate may be requested to be cancelled by the following individuals:

- (a) the person who is the subject of the certificate;
- (b) a parent of the person who is the subject of the certificate, if that person is less than 19 years of age or incapable. If the father/parent is named on the birth registration, **BOTH** parents' signatures are required in order to cancel the certificate;
- (c) a custodial guardian if no parent under paragraph (b) is capable;
- (d) a person who has written authorization from a person described in (a), (b) or (c).

Should the original certificate be located any time after this cancellation, you are ordered under section 40.1(3) of the *Vital Statistics Act* to return the certificate to our office for destruction. *Failure to comply with an order to return a certificate constitutes an offence under section 49(1) of the Act and may result in a fine of not more than \$50,000.*

**Section 1** of this form:

The completion of this section will cancel **ALL** certificates issued prior to the date signed on this form.

**Section 2** of this form:

In this section you may indicate individual certificates, which are not to be cancelled if the date issued is *1999 or later*.

**Once a birth certificate has been cancelled by the Vital Statistics Agency, it cannot be reactivated to a valid certificate.** It will be necessary to purchase a new birth certificate.

It is important to note the use of a lost or stolen birth certificate by another individual cannot be prevented by the Vital Statistics Agency. However, Vital Statistics does electronically verify birth certificate information with programs such as ICBC. Upon receipt of a verification request, Vital Statistics informs the requester of an invalid certificate.

### If your Birth Certificate has been Lost or Stolen

You may wish to contact the local police to report your lost certificate in the event it is turned in, or if you suspect you are a victim of identity theft. For more information, contact the Canadian Anti-Fraud Centre (CAFC) at 1 888 495-8501 or visit [www.antifraudcentre.ca](http://www.antifraudcentre.ca).

### How to Order a Replacement Birth Certificate

See our website at [www.gov.bc.ca/vitalstatistics](http://www.gov.bc.ca/vitalstatistics) for an application form or further information regarding ordering services and safeguarding your identity information.

### Contact Us

**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:** [www.gov.bc.ca/vitalstatistics](http://www.gov.bc.ca/vitalstatistics)

Apply for services in person at any Service BC Centre. Visit [www.servicebc.gov.bc.ca](http://www.servicebc.gov.bc.ca) for your nearest location.

### Privacy Information

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.