



STATUTORY DECLARATION Re: Correction of Error or Omission in Death Registration

Please read the instructions and documentation requirements on the reverse.

APPLICANT'S INFORMATION

NOTE: PRINT your name, address and identifying information clearly. This portion will be used when mailing your service or correspondence.		FOR OFFICE USE ONLY: AFS#
SURNAME	GIVEN NAMES	
MAILING ADDRESS		
CITY, PROVINCE/STATE, COUNTRY		POSTAL CODE
HOME PHONE (INCLUDING AREA CODE)	WORK PHONE (INCLUDING AREA CODE)	IF COMPANY, ATTENTION:

DEATH AS CURRENTLY REGISTERED

SURNAME OF DECEASED		GIVEN NAME(S)		AGE	SEX
MONTH	DATE OF DEATH DAY	YEAR	PLACE OF DEATH (CITY, TOWN OR VILLAGE)		
RESIDENCE BEFORE DEATH			REGISTRATION #		

CORRECTION OF ERROR OR OMISSION

The following items of information are incorrect or missing:

The items listed above, should read as follows:

DECLARATION

- I/We desire the correction(s) as shown above to be made pursuant to the *Vital Statistics Act*.
- I/We have **enclosed all certificates in my/our possession** that relate to this event and understand that they will not be returned on completion of this alteration/amendment.
- I/We understand that **all certificates affected by this correction will be ordered cancelled** under section 40.1 of the *Vital Statistics Act*.
- I/We make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at _____

in the Province of British Columbia, this _____ (DAY)

day of _____ (MONTH), _____ (YEAR)



(SIGNATURE OF DECLARANT)

SIGNATURE OF LAWYER, ARTICLED LAW STUDENT, NOTARY PUBLIC OR
COMMISSIONER FOR TAKING AFFIDAVITS

Please complete the Services/Fees area on the reverse before submitting this request.

Corrections of Error or Omission in Registration

To make the requested change, the following items are required:

1. Completion of this form, "Statutory Declaration Re: Error or Omission in Death Registration".

Note: When completing a Statutory Declaration, the signature(s) must be witnessed by a person authorized for taking oaths and affidavits. Legislation allows those who are specifically authorized to witness signatures to charge a fee for this service. You may wish to check with the office in advance to determine this fee.

2. Provide proof to support the requested change. Acceptable evidence would be:

- | | |
|---|--|
| <ul style="list-style-type: none"> * Certified copy of birth certificate * Certified copy of Canadian citizenship papers/card | <ul style="list-style-type: none"> * Certified copy of Canadian Permanent Resident card * Certified copy of Landed Immigrant papers
<i>(not acceptable if issued for travel purposes only)</i> |
|---|--|

A certified copy is a photocopy of a document, authenticated by an authorized official (lawyer, articled law student, notary public or commissioner for taking affidavits), as a true photocopy of the original document.

3. Payment of the legislated fee for a correction or omission in registration.*
4. The issuance of a certificate reflecting a correction may be ordered following the change.

Note: All previous issued certificates that will be affected by the requested correction must be returned to the Vital Statistics Agency with this request for a correction to a record as the certificate(s) will no longer be valid, following the amendment.

CONTACT US

Mailing Address: Vital Statistics Agency, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3
Telephone: (Victoria & Outside B.C.) 250 952-2681, (within B.C.) 1 888 876-1633
Web: www.gov.bc.ca/vitalstatistics

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

SERVICES/FEEES

* The fee for the Correction of Error or Omission in Registration is \$27.00 and does not include a new certificate. If you wish to order new certificate(s) please complete the following and add the additional payment to the total.

Certificate Type	Regular Service \$27.00 per certificate (average 2 to 5 days processing time) <i>All services, other than courier service, will be mailed.</i>	Courier Service* \$60.00 per certificate
Death Certificate	<input type="checkbox"/> Large Certificate 21.6 cm x 17.7 cm <input type="checkbox"/> Registration Photocopy, Regular Service - \$50.00 per photocopy (average 20 business days processing time)	<input type="checkbox"/> Large Certificate 21.6 cm x 17.7 cm <input type="checkbox"/> Registration Photocopy, Courier Service - \$60.00 per photocopy

*NOTE: All services, other than courier services, will be mailed. Courier service requests are produced the next business day. Delivery time is dependent on shipping destination. Fee includes the cost of the search of our records. A certificate will be generated upon confirmation of a record held. If no record of the event is found, the fee will be applied to the search process. Courier service will not be attempted at the following residence types: post office box, apartment complex, homes that use Super Box mailboxes and basement suites. Instead, a delivery notice with instructions will be left at those residences and the package delivered to the nearest postal outlet. ID and signature will be required upon pick up.

The information on this form is collected under the authority of the *Vital Statistics Act* (RSBC 1996, c479 s 3(1)). The information provided will be used to correct the registration, produce certificates and provide statistical and demographic information required for the administration of the Health Care system. If you have any questions about collection and use of this information contact a Vital Statistics Client Service Representative at 250 952-2681, or write to the mailing address given above. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*.

PAYMENT METHODS

- Cheque *
 Money Order
 Visa
 MasterCard
 American Express

* Postdated cheques not accepted

AMOUNT ENCLOSED FOR:

Correction \$ **27.00**
New Certificate (see fee above) _____
Total Amount Enclosed \$ _____

Interac/Cash payment may be made in person at any Service BC location. Cheque or money order made payable to the Minister of Finance.

_____ Card holder signature

_____ **PRINT** Card holder name as shown on Credit Card

Credit Card # _____ Expiry date _____