

APPLICATION TO ADD PATERNITY INFORMATION

| STATE YOUR RELATIONSHIP TO THE PERSON NAMED IN EVENT (FATHER OR MOTHER) | | | SHADED AREA FOR OFFICE USE ONLY | |
|--|---|---|---|--|
| CUDMANT | | | AFS NUMBER | |
| SURNAME GIVEN NAMES | | | | |
| MAILING ADDRESS (PLEASE PRINT CLEARLY) | | | BIRTH REGISTRATION NUMBER | |
| | | | BIKTI KEGITKATOK NOMBEK | |
| CITY, PROVINCE, STATE, COUNTRY POSTAL CODE | | | | |
| HOME NUMBER (INCL | UDING AREA CODE) WORK NUMBER (INCLUDING AREA CODE) | | | |
| PROVIDE DETAILS OF BIRTH AS CURRENTLY REGISTERED | | | | |
| SURNAME GIVEN NAMES SEX | | | | |
| | | | | |
| DETAILS OF | | | | |
| BIRTH AS MONTH DAY YEAR COLUMB | | | | |
| PEGISTEPED | | BIRTHPLACE OF MOTHER (CITY, PROV/STATE, COUNTRY) | | |
| | MAIDEN SURVAINE OF MOTHER SIVEN NAMES | | DIKTIFICACE OF WOTHER (CITT, PROVISTATE, COUNTRY) | |
| I desire the following particulars be added to the birth record for the above child: | | | | |
| FATHER | | | | |
| NAME OF | SURNAME OF CHILD'S FATHER ALL GIVEN NAMES IN FULL | | | |
| FATHER | | | | |
| | CITY OF BIRTH | PRO | VINCE/STATE OF BIRTH | |
| | | | | |
| DATE AND PLACE OF | COUNTRY OF BIRTH | | PERSONAL HEALTH NUMBER (Care Card Number) | |
| BIRTH | | | | |
| DIIXIII | DATE OF BIRTH AGE (at time of child's birth) | B.C. RESIDENT? | ABORIGINAL? If Yes, Registration Number (INAC) | |
| | MONTH (BY NAME) DAY YEAR | YES NO | YES NO | |
| OUIL DIO NAME TO DE CUANCED TO AC DED COURT OPDER | | | | |
| CHILD'S NAME TO BE CHANGED TO AS PER COURT ORDER SURNAME GIVEN NAMES | | | | |
| STERITURIES | | | | |
| CERTIFICATION OF ARRUNANT | | | | |
| CERTIFICATION OF APPLICANT | | | | |
| I request this amendment be made on the registration of birth pursuant to section 3(6)(b) of the <i>Vital Statistics Act</i> and in accordance with the attached court order. I certify that the foregoing is true and correct to the best of my knowledge and belief. | | | | |
| | | | | |
| | | | | |
| X | | | | |
| Signature of Applicant Date Signed | | | | |
| | SERVIC | ES/FEES | | |
| The fee for this amendment 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 | t to the total. The birth certificate is available in 2 versions. One size (12.5cm x 17.6cm). The two versions are mailed separate | contains personal | information only, the other also includes parental information. | |
| Regular Service - \$27.00 per certificate (average 2 to 5 days processing time) All services, other than courier services, will be mailed. Courier Service* - \$60.00 per certificate | | | | |
| ☐ Certificate (Individual Information only) ☐ Certificate (Includes Parental Information) ☐ Certifica | | | rtificate (Individual Information only) | |
| | | ☐ Registration Photocopy, Courier Service - \$60.00 per photocopy | | |
| includes the cost of process. Courier se | s, other than courier services, will be mailed. Courier service requests and the search of our records. A certificate will be generated upon confirmativice will not be attempted at the following residence types: post office be notice with instructions will be left at those residences and the package of | tion of a record held. If box, apartment comple | f no record of the event is found, the fee will be applied to the search ex, homes that use Super Box mailboxes, and basement suites. | |

See reverse for Instructions and Payment Methods

ADDING PATERNITY INFORMATION

To make the requested addition to a birth record, the following is required:

- 1. Completion of this form, "Application to Add Paternity Information".
 - Provide all details of the birth as currently registered
 - Ensure all identification particulars for the father are provided
 - · Date and sign the application form
- 2. Enclose an original or certified copy* of a court order made pursuant to section 3(6)(b) of the *Vital Statistics Act*. Subsection (6)(b) does not apply to an order of the court declaring the child's paternity made before October 1, 2002. Please note that the court order must be specific, i.e.: "Father's Name" is the father of the child, "Child's Name", and is ordered to be added to the birth registration.
 - *A certified copy is a photocopy of a document, authenticated by an authorized official such as a lawyer, articled law student, notary public or commissioner for taking affidavits, as a true photocopy of the original document.
- 3. Under section 4.1 of the *Vital Statistics Act*, if it is in the best interests of the child, the court may, in an order declaring a child's parentage, make an order that the registration of a child's name be changed as specified in the order.
- 4. Following the adding of the father's particulars to this record, all parental certificates issued prior to this date will be cancelled under section 40.1 of the *Vital Statistics Act* and become void for use as current identification.
- 5. Payment of the legislated fee required under section 29 of the *Vital Statistics Act* for correction of errors and omissions in registration.

The information on this form is collected under the authority of the *Vital Statistics Act* (RSBC 1979, c,425s 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 representative in your area or call 250 952-2681. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*.

CONTACT US

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

| PAYMENT METHOD | | | |
|---|--|--|--|
| AMOUNT ENCLOSED FOR: | | | |
| Correction \$ 27.00 | | | |
| New Certificate (see fee on front of form) | | | |
| Total Amount Enclosed \$ | | | |
| ☐ Cheque or Money Order payable to the Minister of Finance - Postdated cheques are not accepted | | | |
| ☐ Credit Card: Please bill my VISA MASTERCARD AMEX Total Amount \$ | | | |
| Signature | | | |
| Card Number Expiry date Credit card information will not be retained. Upon authorization of the payment request, all credit card information will be destroyed. | | | |