



REGISTRATION OF LIVE BIRTH

This is the permanent record of your child's birth and legal name.

DOCUMENT CONTROL NUMBER

REGISTRATION NUMBER (Office use only)

Please PRINT and use blue or black ink when completing the form. Corrections should be crossed out and initialled. Do not use pencil or white-out.

Form sections: CHILD'S INFORMATION, MOTHER'S INFORMATION, MOTHER'S DECLARATION REGARDING FATHER, FATHER'S OR CO-PARENT'S INFORMATION. Includes fields for Name, Date of Birth, Time of Birth, Place of Birth, and various checkboxes for marital status and residency.

<b>Child's Name:</b>	FIRST NAME	SURNAME	<b>Child's Date of Birth:</b>	MONTH <small>(First 3 letters)</small>	DAY	YEAR
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By checking  the box next to and signing an application below, I authorize the Chief Executive Officer of the Vital Statistics Agency to release the necessary information contained in this registration to the relevant government authorities for the purpose of:

**MEDICAL SERVICES PLAN (MSP) APPLICATION** (Remember to check the box and sign if you want this service.)

I declare the named child is a resident of British Columbia. Under the Medicare Protection Act, a resident is defined as "a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, makes his or her home in British Columbia, and is physically present in British Columbia at least 6 months in a calendar year; and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia." I understand that personal information on this form will be used by the Ministry of Health (HLTH) and/or Health Insurance BC (HIBC) to determine eligibility for provincial health care benefits. I declare that the information provided is true and I understand that HLTH and/or HIBC may verify the information with public authorities as appropriate. I understand that practitioners who provide service(s) under MSP are required under the Medicare Protection Act to release information relative to those services to MSP to support claims for payment.

Applicant Signature (mother) \_\_\_\_\_

**CANADA CHILD BENEFITS APPLICATION** (Remember to check the box and sign if you want this service.)

I understand that the necessary information from this registration will be transferred to the Canada Revenue Agency to process my application for the Canada Child Tax Benefit, the Universal Child Care Benefit, the goods and services tax/harmonized sales tax credit, including any related provincial or territorial programs administered by the Canada Revenue Agency. I certify that I am a Canadian citizen or permanent resident and that I am primarily responsible for the care and upbringing of the child identified in the birth registration. For further information relating to your privacy rights, see Canada Revenue information sheet (RC4476-BC).

Applicant Signature (mother) \_\_\_\_\_ Applicant Social Insurance Number 

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**SOCIAL INSURANCE NUMBER (SIN) APPLICATION** (Remember to check the box and sign if you want this service.)

Applying for a Social Insurance Number (SIN) for my child. The necessary information will be forwarded to Service Canada (operating within Human Resources and Skills Development Canada) to process the SIN application. I understand that applying for a SIN is optional. I certify that I am either a Canadian citizen or a permanent resident. Further information, including information relating to your privacy rights, can be obtained at [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca).

Signature of Parent \_\_\_\_\_

**BIRTH CERTIFICATE ORDER FORM**

If you wish to include an order for certificates for your newborn, with the Birth Registration Form, please complete the following section, enclose correct payment and mail these to the Vital Statistics Agency.

Prices are current as of January 1, 2009 and are subject to change without notice. If ordering after December 31, 2012, contact our office for current fees.

CERTIFICATE TYPE	QUANTITY	PRICE	AMOUNT
Official Birth Certificate (for official identification)			
Individual Information Only		\$27	
Includes Parental Information (required for Canadian Passport)		\$27	
For security purposes the maximum number of Official Birth Certificates which may be ordered is TWO of each type.			
Commemorative Birth Certificates			
<b>Commemorative #</b>	<b>Commemorative Description</b>		
		\$50	
		\$50	
<b>TOTAL</b>			<b>\$</b>

To view the complete collection of Commemorative Birth Certificates, please visit our web site at: <http://www.vs.gov.bc.ca/commemorate/index.html>

The information on the birth registration form is collected under the authority of the *Vital Statistics Act* (RSBC 1996, c. 479S 3(1)). The information provided will be used to register this birth, produce birth certificates and provide statistical and demographic information required for the administration of the provincial health care system. If you have any questions about the collection and use of this information, contact the British Columbia Vital Statistics Agency at 250 952-2681. Personal information collected by the British Columbia Vital Statistics Agency is protected under the *Freedom of Information and Protection of Privacy Act* and is treated with the utmost confidentiality.

- Vital Statistics Offices also accept INTERACT™ if you submit this form in person.
- Processing time to both register a birth and issue birth certificates is approximately 3 weeks. This includes time to receive the Notice of Birth from the hospital or medical attendant, processing and mail time. If you do not complete the documents fully or submit them in a timely manner, there may be a delay.

1. Enclosed is a cheque or money order for \$ \_\_\_\_\_ made payable to the Minister of Finance (*postdated cheques not accepted*).

2. Credit Card:  MasterCard (16 digits)  Visa (16 digits)  American Express (15 digits)

Name on Card \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Card Number 

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Expiry Date \_\_\_\_\_