

# FAX

**Date:**

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**Send to:**

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**Fax:**

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**From: Certificates Express**

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**Fax: (416)962-2968**

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URGENT     REPLY ASAP     PLEASE COMMENT     PLEASE REVIEW     FOR YOUR INFORMATION

**Total pages, including cover: 7**

**Comments:**

Thank you for choosing Certificates Express Ltd. Please ensure the following is completed and signed:

- 1) Government Application Form
- 2) Signed Authorization Letter - This will allow us to act on your behalf
- 3) Signed Terms and Conditions Agreement – this makes sure that you understand what we do and what, if any, limitations there are.
- 4) Signed Credit Card Slip and invoice with the credit card # and the expiry date or any other proof of payment. We cannot proceed until we receive payment.
- 5) If possible, a travel letter or proof of urgency written confirmation must accompany application for Government urgency request.

Once the enclosed forms have been completed, fax them back to us A.S.A.P. Do not hesitate to call us with any questions/concerns. Your attention in this matter is appreciated and thank you for your business.

Regards,

Certificates Express



40 Pleasant Blvd., Suite 100  
 Toronto, Ontario M4T 1K1  
 TEL: (416) 96-BIRTH  
 TOLL-FREE: (877) 663-6606  
 FAX: (416) 962-2968

# Invoice

Date \_\_\_\_\_

Please complete the form below to receive your certificates and information.

|                            |             |                      |             |
|----------------------------|-------------|----------------------|-------------|
| Applicant Name - Last Name |             | First Name           | Middle Name |
| Street Number              | Street Name |                      | Apt. No.    |
| City, Town or Village      |             | Province             | Postal Code |
| Phone Number               |             | E-Mail Address / Fax |             |

## Government Fees

|  |          |          |
|--|----------|----------|
| Delayed Birth Registration .....                 | \$ 50.00 | \$ _____ |
| First Birth Short form Certificate .....         | \$ 25.00 | \$ _____ |
| First Birth Long form Certificate .....          | \$ 35.00 | \$ _____ |
| Urgency fee (for each Certificate ordered) ..... | \$ 30.00 | \$ _____ |

## Certificates Express Ltd. Fees

|  |           |          |
|--|-----------|----------|
| Delayed Statement of Live Birth fee .....  | \$ 300.00 | \$ _____ |
| Birth Certificate fee .....  | \$ 160.00 | \$ _____ |
| Certificates Express services GST.....   | \$ 23.00  | \$ _____ |
| Additional fee for ordering both Short and Long form certificates together (includes GST).....               | \$ 52.50  | \$ _____ |
| Courier to government (includes GST) .....   | \$ 31.50  | \$ _____ |
| Processing (each certificate requested, includes GST) .....  | \$ 26.25  | \$ _____ |
| Delivery (Ontario only; check Certificates Express website for charges outside of Ontario) (includes GST)... | \$ 25.45  | \$ _____ |

**Total Payment** .....

## Terms and Conditions:

- Certificates Express Ltd. herein referred to as "CEL" certifies that all information the applicant provides, both written and/or verbal, will be held in the strictest of confidence. All information supplied will only be used for obtaining certificate applied for on applicant's behalf and for no other purpose.
- Applicant assumes all responsibility and liability that the information on government forms is true and complete. "CEL" assumes no responsibility for any errors, omissions or incomplete or illegible information on application forms.
- Where required, all forms must have an authorized guarantor in order to process.
- Applicant must qualify based on government standards in order to receive and/or be eligible to receive certificates.
- The authorization letter provided must be accompanied in order for "CEL" and/or one of its authorized representatives to obtain certificates on your behalf.
- "CEL" assumes no responsibility and/or liability for government processing and/or producing of certificates.
- Applicant agrees to be bound by the following terms and conditions with regard to PAYMENT: a) Payments by Visa, Mastercard, debit card, other. b) All payments and transactions are final. Any requests for refunds must be made within 24 hours of placing the order. A minimum fee of \$100 + G.S.T. may apply. c) The aforementioned term and condition is in full force and effect until "CEL" has received written notification from the applicant of a cancellation in such a manner as to afford "CEL" reasonable opportunity to act on said request. d) "CEL" agrees to charge applicant only for services, government fees, G.S.T. and delivery charges, if applicable. There are no G.S.T. charges on government fees. e) "CEL" service fee is over and above any applicable government fees. f) Payments can be made in the form of a certified cheque, money order or bank draft. However, processing period will only commence upon receipt. g) The applicant agrees that "CEL" is not responsible for credit/debit authorization or approval. h) The applicant authorizes "CEL", in accordance with the following terms and conditions, to initiate credit/debit entries on their behalf.
- "CEL" provides Urgent/Rush/Accelerated Service only when the following terms and conditions are met: a) The service is offered by the jurisdiction in charge of the certificate being requested. b) Where required, a valid guarantor must be available for confirmation — this is a government requirement. c) All government terms and conditions must be met. d) The authorization letter provided must be completed and signed and must accompany application in order that the "CEL" authorized representative can process and obtain certificate documents. e) Government holidays and closures for any reason(s) voids Urgent Service. f) In some cases, proof of urgency must be provided. Please contact us for more information.
- "CEL" provides Regular Service when the following terms and conditions are met: a) Regular Service is based on standard government processing. Time frame for receipt of the requested documentation varies by jurisdiction. b) Any time frame quoted regarding the receipt of requested documents is an estimation, not a guarantee. c) In some cases, the applicant will be notified by "CEL" upon receipt of certificate from the government. In other cases, the issuing government will forward the completed document directly to the applicant. This varies by jurisdiction. d) All other terms and conditions apply.
- All applicants must be registered at their municipal registry office to be eligible for a birth certificate. Please note that there is a minimum three-month processing time for provincial records to reflect the municipal registration.

**Payment:**     Visa     Mastercard     Cheque     Debit     Other (specify): \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_  
 Card Number \_\_\_\_\_ Expiry Date (Month/Year) \_\_\_\_\_

OFFICE OF THE REGISTRAR GENERAL

STANDARD THIRD PARTY AUTHORIZATION FORM

(Where someone other than an authorized representative is submitting an application, or picking up documents, a completed Third Party Authorization/Consent form MUST accompany the application).

I, \_\_\_\_\_ (name of applicant), authorize \_\_\_\_\_  
of Certificates Express Ltd. (name of representative/organization  
representing applicant) to apply/pick-up a \_\_\_\_\_  
(name of document), on my behalf.

I understand that I am hereby sharing my personal information with a third party, and that the Office of the Registrar General does not and will not assume any responsibility or liability for the misuse of my personal information by the third party representative I have authorized to act on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions, please contact the  
Office of the Registrar General  
P.O. Box 4600, 189 Red River Road  
Thunder Bay ON P7B 6L8  
Outside Toronto 1 800 461-2156 or in Toronto 416 325-8305 or  
Fax. 807 343-7459


**(THIS SPACE RESERVED FOR OFFICE USE ONLY)**

**Please PRINT clearly in blue or black ink.**  
**In the context of this form, the word "Applicant" refers to the person completing this Request.**  
**This may or may not be the 'Person Named on the Birth Certificate'.**

**Applicant's Name**

|            |           |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

**Mailing Address**


|                                     |             |   |            |        |
|-------------------------------------|-------------|---|------------|--------|
| Organization / Firm (if applicable) |             |   |            |        |
| Street No.                          | Street Name | Apt. No.  | Buzzer No. | PO Box |
| City                                |             | Province  |            |        |
| Country                             | Postal Code |  Telephone Number<br>( ) | Ext.       |        |

**What Information are you Requesting and How much will it Cost?**

**Birth Certificate (Short form)** *Not issued for deceased persons*  
This includes basic information, such as name, date and place of birth

|                                    |         |    |                      |
|------------------------------------|---------|----|----------------------|
| First birth certificate.....       | \$25.00 | \$ | <input type="text"/> |
| Replacement birth certificate..... | \$35.00 | \$ | <input type="text"/> |

**Certified Copy of Birth Registration (Long form)**  
This contains all registered information, including parent's information and signatures.  
It is provided in the form of a certified copy.

|   |         |    |                      |
|---|---------|----|----------------------|
| First certified copy of Birth Registration.....       | \$35.00 | \$ | <input type="text"/> |
| Replacement certified copy of Birth Registration..... | \$45.00 | \$ | <input type="text"/> |

**Search Letter**  
This is a letter saying the record is or is not on file. If you don't know the exact date of the birth event, choose a year based on information you may have obtained for this purpose, and write it in the space provided for the date. We will search that whole year plus two years before and after, for a total of five years.

|                    |   |    |                      |
|--------------------|---|----|----------------------|
| Search Letter..... | \$15.00 for each 5 year period to be searched | \$ | <input type="text"/> |
|--------------------|---|----|----------------------|

**Information**

If you're sending your payment from anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian clearing house, or by VISA, MasterCard or American Express. US applicants may submit a US Postal money order in US funds.

We will not accept post-dated cheques.  
We will charge \$35.00 if your cheque is rejected because of insufficient funds.

There is a limit on the number of documents issued.  
(See #7 on pg. 4).

Please note that fees are subject to change without notice. If you send your request by mail, you can pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard or American Express. At our public counter, you can also pay by cash or debit card.

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Cheque or Money Order. Please make payable to: "Minister of Finance" |  | Credit card payment: You must pay by credit card if you are faxing your application to us.<br>Our fax number is <b>807 343-7459</b> . |  |
| <input type="checkbox"/> Visa   |  | <input type="checkbox"/> MasterCard   |  |
| <input type="checkbox"/> American Express   |  |   |  |
| Card Number   |  | Expiry Date (Month / Year)  |  |
| Name of Cardholder  |  | Signature of Cardholder   |  |

**Who is the Person Named on the Birth Certificate (each box must be filled in)**

|  |                                     |  |  |  |  |                        |   |  |
|--|-------------------------------------|--|--|--|--|------------------------|---|--|
| Last Name (at time of Birth)   |                                     |  | First Name   |  |  | Middle Name(s)         |   |  |
| <input type="checkbox"/> Male <input type="checkbox"/> Female  | Date of Birth<br>Year   Month   Day |  | Place of Birth (City)  |  |  | Weight at Birth        | No. of older brothers / sisters born before this child              |  |
| Where did the birth take place<br><input type="checkbox"/> Hospital (name) _____<br><input type="checkbox"/> Other (specify) _____ |                                     |  | <input type="checkbox"/> Home <input type="checkbox"/> Birthing Centre |  |  | You must check one box | <input type="checkbox"/> Physician <input type="checkbox"/> Midwife | <input type="checkbox"/> Other <input type="checkbox"/> Undetermined |
| Name of Doctor or Attendant (at birth)   |                                     |  | Address of Doctor or Attendant   |  |  |                        |   |  |

**Parent(s) Information (at time of this child's birth)**

|  |  |   |            |  |                                       |                |  |         |
|--|--|---|------------|--|---------------------------------------|----------------|--|---------|
| Mother's Maiden Name (see #1 on pg. 4)   |  |   | First Name |  |                                       | Middle Name(s) |  |         |
| Mother's Address (at the time of this child's birth)   |  |   |            | City   |                                       | Province       |  | Country |
| Mother's Marital Status (at the time of this child's birth)<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common law |  |   |            |  | Any Other Last Name(s) Used by Mother |                |  |         |
| Mother's Age (at time of this birth)   |  | Mother's Date of Birth<br>Year   Month   Day                |            | Mother's Place of Birth (City and Province / Country)                |                                       |                |  |         |
| Father's/Other Parent's Last Name (see #10 on pg. 4)   |  |   | First Name |  |                                       | Middle Name(s) |  |         |
| Father's/Other Parent's Age (at time of this birth)  |  | Father's/Other Parent's Date of Birth<br>Year   Month   Day |            | Father's/Other Parent's Place of Birth (City and Province / Country) |                                       |                |  |         |

Has a Birth Certificate (Short Form) been previously issued for this birth?  Yes  No

Has a Certified Copy of the Birth Registration been previously issued for this birth?  Yes  No

Has the person named on the Birth Registration ever had a legal name change?  Yes  No

If 'yes', provide previous name(s) below:

|           |  |  |            |  |  |                |  |  |
|-----------|--|--|------------|--|--|----------------|--|--|
| Last Name |  |  | First Name |  |  | Middle Name(s) |  |  |
| Last Name |  |  | First Name |  |  | Middle Name(s) |  |  |

**\*\*All previously issued documents will be cancelled.**

**Who can Obtain this Information?**

|  |   |
|--|---|
| <p><b>Where the person named on the certificate is alive (Check one or more boxes)</b></p> <p><input type="checkbox"/> The person named on the Birth Certificate is the 'Applicant'. (You must be at least 13 years of age)</p> <p>A parent of the person named on the Birth Certificate is the 'Applicant'. (Your name must appear on the Birth Registration)</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father/Other Parent</p> <p><input type="checkbox"/> A person who has legal custody of the person named on the Birth Certificate is the 'Applicant'. (Proof of Custody is required)</p> <p><input type="checkbox"/> Proof of Custody attached.</p> | <p><b>Where the person named on the certificate is deceased, only a Certified Copy of the Birth Registration will be issued. (Check one or more boxes)</b></p> <p><input type="checkbox"/> The Next of Kin is the 'Applicant'. (see #2 on pg. 4)</p> <p>Specify relationship to deceased _____</p> <p><input type="checkbox"/> Proof of Death attached. (see #3 on pg. 4)</p> <p><input type="checkbox"/> Estate Trustee is the "Applicant". (see #4 on pg. 4) (Certificate of Appointment or similar proof required)</p> <p><input type="checkbox"/> Certificate of Appointment or similar proof attached. (see #5 on pg. 4)</p> |
|--|---|

**Why are you requesting this information?**  
Please specify: \_\_\_\_\_

**You MUST check one of the following boxes:**

First time applying for Birth Certificate/ Certified Copy of Birth Registration

Lost Birth Certificate / Certified Copy of Birth Registration (see #6 on pg. 4)

Stolen Birth Certificate/ Certified Copy of Birth Registration (see #6 on pg. 4)

Damaged/destroyed Certificate / Certified Copy of Birth Registration (see #6 on pg. 4)

*I authorize the Office of the Registrar General to issue the requested document/information, and consent to the Ministry of Government Services collecting information about myself and the person named on the Birth Certificate (if other than myself) from the guarantor and such other sources as may be necessary to verify the information on this form and my entitlement to the service required and to the disclosure of such information to the Ministry of Government Services. I am aware that it is an offence to wilfully make a false statement on this form.*

|                        |  |                          |  |                    |  |
|------------------------|--|--------------------------|--|--------------------|--|
| Signature of Applicant |  | Daytime Telephone Number |  | Date Signed        |  |
|                        |  | Ext.                     |  | Year   Month   Day |  |
|                        |  | ( )                      |  |                    |  |

**To the Applicant**

Please select one of the following persons to act as your Guarantor. When contacted, the Guarantor will be asked to verify that:

- the statements made in this application are true;
- as the Guarantor, he or she is a Canadian citizen belonging to one of the listed categories; and
- he or she has known you (the applicant) for at least two years.

No person shall charge a fee for acting as a guarantor (Section 45.1(2) of the *Vital Statistics Act*).

The Applicant certifies that the individual named below has consented to act as Guarantor.

**The Guarantor**

The persons described in this section are prescribed as **guarantors** for the purposes of section 45.1 of the *Vital Statistics Act*:

- |  |   |
|--|---|
| <p>1. Canadian citizens who have known the applicant for at least two years and who are <b>currently serving</b> as one of the following:</p> <ul style="list-style-type: none"> <li>i. Judge, justice of the peace, municipal police officer, provincial police officer or officer of the Royal Canadian Mounted Police, First Nations police officers and constables.</li> <li>ii. Mayor.</li> <li>iii. Member of the Legislative Assembly of Ontario.</li> <li>iv. Minister of religion authorized under provincial law to perform marriages.</li> <li>v. Municipal clerk or treasurer who is a member of the Association of Municipal Managers, Clerks and Treasurers of Ontario.</li> <li>vi. Notary public.</li> <li>vii. Principal or vice-principal of a primary or secondary school.</li> <li>viii. Senior administrator or professor in a university or a senior administrator in a community college or in a CEGEP in Quebec.</li> <li>ix. Signing officer of a bank, caisse d'économie, caisse populaire, credit union or trust company.</li> <li>x. Chief of a band recognized under the <i>Indian Act (Canada)</i>.</li> </ul> | <p>Canadian citizens who have known the applicant for at least two years and <b>who are practicing members in good standing</b> of a provincial regulatory body established by law to govern one of the following professions:</p> <ul style="list-style-type: none"> <li>i. Chiropractor, dentist, midwife, nurse, optometrist, pharmacist, physician or surgeon, psychologist or veterinarian.</li> <li>ii. Lawyer.</li> <li>iii. Professional accountant.</li> <li>iv. Professional engineer.</li> <li>v. Social worker or social service worker.</li> <li>vi. Teacher in a primary or secondary school.</li> </ul> <p>The list above is not an endorsement by the Office of the Registrar General of professional status or recognition of superior qualifications.</p> |
|--|---|

**Name of Applicant (must be completed)**


|           |            |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

**Guarantor Information**

|                       |            |
|-----------------------|------------|
| Guarantor's Last Name | First Name |
|-----------------------|------------|

|                                     |            |                                  |
|-------------------------------------|------------|----------------------------------|
| Organization / Firm (if applicable) | Occupation | Registration No. (if applicable) |
|-------------------------------------|------------|----------------------------------|

|   |   |
|---|---|
| Work Telephone Number / Ext.<br> ( ) | Fax. Number (Optional)<br> ( ) |
|---|---|

**Work address** 

|            |             |      |          |             |
|------------|-------------|------|----------|-------------|
| Street No. | Street Name | City | Province | Postal Code |
|------------|-------------|------|----------|-------------|

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to provide certified copies, extracts, certificates, or search notices and to verify the information provided and your entitlement to the service requested and for law enforcement and security purposes. It is an offence to wilfully make a false statement on this form. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, P.O. Box 4600, Thunder Bay ON P7B 6L8. Telephone Outside Toronto 1 800 461-2156 or in Toronto 416 325-8305.

## INSTRUCTIONS

### **Instruction #1**

#### **Mother's Maiden Name**

Mother's maiden name is the mother's last name at the time of her own birth, unless the mother was adopted. If the mother was adopted, record the adoptive name.

### **Instruction #2**

#### **Next of Kin includes:**

\*Spouse, \*\*Common Law Partner, Mother, Father, Daughter, Son, Sister, Brother.

If none of the above are available, the closest surviving Next of Kin (*Grandmother, Grandfather, Aunt, Uncle, First Cousin, Niece, Nephew or Grandchild*) may apply but must provide, along with the prescribed fees and a complete and signed application, an affidavit swearing that they are the closest surviving Next of Kin.

\*Spouse means either party to a marriage.

\*\*Common Law Partner means two people living together continuously in a conjugal relationship outside of marriage for a period of no less than 3 years or two people who have lived together in a relationship of some permanence if they are the parents of a child.

### **Instruction #3**

#### **Proof of Death**

i.e., Death Certificate, Funeral Director's Statement, Certificate of Appointment of Estate Trustee or, an order under the *Declarations of Death Act, 2002*.

### **Instruction #4**

Estate Trustee includes an Executor or an Administrator.

### **Instruction #5**

Acceptable proof includes a Certificate of Appointment of Estate Trustee, letters probate, letters of administration or a will.

### **Instruction #6**

#### **Lost, Stolen, Damaged/Destroyed Birth Certificates**

Birth Certificates or certified copies of Birth Registration that are lost, stolen, or damaged/destroyed must be reported to the Office of the Registrar General immediately. Found birth certificates or certified copies of Birth Registration must be returned to the Office of the Registrar General immediately or delivered to a police or lost and found service.

### **Instruction #7**

Not more than one Birth Certificate and one Certified Copy of a Birth Registration may be issued.

### **Instruction #8**

#### **Application for Reconsideration**

If your application for a Birth Certificate or Certified Copy of Birth Registration is refused, you may apply in writing to the Deputy Registrar General for your application to be reconsidered. You must provide your full name, mailing address, phone number, name of the person whose Birth Certificate or Certified Copy of Birth Registration is being applied for, file number of the application and reasons why your application should be reconsidered.

### **Instruction #9**

#### **Safeguarding your Certificates**

Please remember that it is important to keep your Birth Certificate in a secure location such as a safety deposit box and not in your wallet. By keeping it in a safe place, you are doing your part to protect your identity.

### **Instruction #10**

#### **Father / Other Parent**

The father's or other parent's information must be included on this application if the information appears on the child's original birth registration. An "other parent" refers to a non-biological parent of a child, where the biological father is unknown and where the child was born from assisted conception.

### **What records does the Office of the Registrar General have?**

The Office of the Registrar General holds records for births that happened in Ontario during the past 95 years.

To obtain older records, contact:

#### **The Archives of Ontario**

Attention: Vital Statistics Reference Archivist

77 Grenville Street,

Toronto, ON M7A 2R9

or call The Vital Statistics Hot line at

**416 327-1593**

#### **Mail the Completed Request to:**

#### **The Office of the Registrar General**

P.O. Box 4600

189 Red River Road

Thunder Bay ON P7B 6L8

Fax. 807 343-7459

**If you require faster service than 6-8 weeks, please apply online at [www.serviceontario.ca](http://www.serviceontario.ca).**