

Ontario Birth Certificate - Order Form

Toll-Free Fax: 1-855-261-0509 / 416-479-4448 **OR Scan & Email:** info@canadianbirthcertificate.com **OR Mail:** 1180 Danforth Ave, Toronto, ON M4J 1M3

How to Apply

1. Please complete the Order Form and the Birth Certificate Application. This is an interactive fillable PDF form, so you may either fill out your information electronically (preferred) or print out the form and fill it out by hand.
2. Return the completed Order Form and the Birth Certificate Application back to us via fax, email or mail.
 - Scan & Email:** info@canadianbirthcertificate.com
 - Toll-Free Fax:** 1-855-261-0509 / 416-479-4448
 - Mail:** 1180 Danforth Ave, Toronto, ON M4J 1M3
3. You will receive your birth certificate by courier or regular mail depending on which type of filing you request (see options below).

Short Form / Long Form

Short Form: Ontario Birth Certificate (Wallet Size)

The short form is a Birth Certificate and is required when applying for a **Canadian passport**. It contains basic information: the individual's name, date of birth, certificate number, birthplace, sex, date of registration and the date issued. The short form is not issued for deceased persons.

Long Form: Ontario Certified Copy Of Birth Registration

The long form is a Certified Copy of the Birth Registration and contains all registered information: the individual's name, date of birth, birthplace, sex, location of birth, parents' names, parents' date of birth, mother's mailing address at the time of birth, type of birth (single, multiple, etc.), attendant at the birth, date of registration, registration number and the date issued.

Some organizations require this type of certificate in the case of minors as it includes the parents' names.

Service Options

Regular Filing

Receive within approximately **15-20 business days** (Includes delivery time)

\$65.00 - **Short Form**

This Fee Includes:
document fee (First \$25.00 or Replacement \$35.00)
processing service fee (First \$40.00 or Replacement \$30.00)

\$75.00 - **Long Form**

This Fee Includes:
document fee (First \$35.00 or Replacement \$45.00)
processing service fee (First \$40.00 or Replacement \$30.00)

Accelerated Filing

Receive within approximately **5-10 business days** (Includes delivery time)

\$95.00 - **Short Form**

This Fee Includes:
document fee (First \$25.00 or Replacement \$35.00)
processing service fee (First \$40.00 or Replacement \$30.00)
accelerated filing surcharge & courier fee (\$30.00)

\$105.00 - **Long Form**

This Fee Includes:
document fee (First \$25.00 or Replacement \$35.00)
processing service fee (First \$40.00 or Replacement \$30.00)
accelerated filing surcharge & courier fee (\$30.00)

Correspondence (all correspondence is conducted through email)

Email Address:

You **MUST** include your email address, otherwise your application will **NOT** be processed.

Credit Card Information

Please fill out your credit card information below

I will be paying by: Visa MasterCard

Cardholder Name:

Card Number:

Expiry Date: / Month Year CVV Code:

Sign OR Type Cardholder Name:

Disclaimer

Applicants must sign/type name below

By signing below I assert that I have read and agreed to the Terms and Conditions as listed on canadianbirthcertificate.com/terms and agree to the following conditions:

- ✘ Canadian Birth Certificate is not responsible for documents or birth certificates lost by courier companies or any government office.
- ✘ Canadian Birth Certificate is not responsible for applications that are rejected.
- ✘ All fees are non-refundable once applications are submitted to the government.
- ✘ I agree to being charged the total fees corresponding with my required service.

Sign OR Type Cardholder Name:

If you have any questions, please contact the Office of the Registrar General
189 Red River Road, PO Box 4600
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 (including area code) | 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 \$

Replacement birth certificate.....\$35.00 \$

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 \$

Replacement certified copy of Birth Registration.....\$45.00 \$

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 \$

Information

| | | |
|---|--|--|
| <p>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.</p> | <p>We will not accept post-dated cheques. We will charge \$35.00 if your cheque is rejected because of insufficient funds.</p> <p>There is a limit on the number of documents issued. (See #7 on pg. 4).</p> | <p>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.</p> |
|---|--|--|

Your Payment Options

| | |
|---|--|
| <p>Cheque or Money Order. Please make payable to: "Minister of Finance"</p> <p><input type="checkbox"/></p> | <p>Credit card payment: You must pay by credit card if you are faxing your request to us. Our fax number is: 807 343-7459.</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> |
| 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 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 <input type="checkbox"/> Hospital (name) _____ <input type="checkbox"/> Other (specify) _____ | | | | 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) <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 Year Month Day | Mother's Place of Birth (City and Province / Country) |
|--------------------------------------|--|---|

| | | | | | | |
|---------------------------------|--|------------|--|----------------|--|--|
| Father / Other Parent Last Name | | First Name | | Middle Name(s) | | |
|---------------------------------|--|------------|--|----------------|--|--|

| | | |
|---|---|--|
| Father / Other Parent Age (at time of this birth) | Father / Other Parent Date of Birth Year Month Day | Father / Other Parent Place of Birth (City and Province / Country) |
|---|---|--|

| | |
|---|--|
| Has a Birth Certificate (Short Form) been previously issued for this birth?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has a Certified Copy of the Birth Registration been previously issued for this birth?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the person named on the Birth Registration ever had a legal name change? If 'yes', provide previous name(s) below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|-----------|------------|----------------|
| 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?**Where the person named on the certificate is alive**

(Check one or more boxes)

- The person named on the Birth Certificate is the 'Applicant'. (You must be at least 13 years of age)
- A parent of the person named on the Birth Certificate is the 'Applicant'. (Your name must appear on the Birth Registration)
- Mother Father / Other Parent
- A person who has legal custody of the person named on the Birth Certificate is the 'Applicant'. (Proof of Custody is required)
- Proof of Custody attached.

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)

- The Next of Kin is the 'Applicant'. (see #2 on pg. 4)
- Specify relationship to deceased _____
- Proof of Death attached. (see #3 on pg. 4)
- Estate Trustee is the "Applicant". (see #4 on pg. 4) (Certificate of Appointment or similar proof required)
- Certificate of Appointment or similar proof attached. (see #5 on pg. 4)

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 (including area code) | | Date Signed | | |
| | | | | Ext. | Year | Month Day |

This Page MUST be completed in Full if the Person Named on the Certificate is 9 years of Age or Older

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*:

1. Canadian citizens who have known the applicant for at least two years and who are **currently serving** as one of the following:
 - 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.
 - ii. Mayor.
 - iii. Member of the Legislative Assembly of Ontario.
 - iv. Minister of religion authorized under provincial law to perform marriages.
 - v. Municipal clerk or treasurer who is a member of the Association of Municipal Managers, Clerks and Treasurers of Ontario.
 - vi. Notary public.
 - vii. Principal or vice-principal of a primary or secondary school.
 - viii. Senior administrator or professor in a university or a senior administrator in a community college or in a CEGEP in Quebec.
 - ix. Signing officer of a bank, caisse d'économie, caisse populaire, credit union or trust company.
 - x. Chief of a band recognized under the *Indian Act (Canada)*.

Canadian citizens who have known the applicant for at least two years and **who are practicing members in good standing** of a provincial regulatory body established by law to govern one of the following professions:

- i. Chiropractor, dentist, midwife, nurse, optometrist, pharmacist, physician or surgeon, psychologist or veterinarian.
- ii. Lawyer.
- iii. Professional accountant.
- iv. Professional engineer.
- v. Social worker or social service worker.
- vi. Teacher in a primary or secondary school.

The list above is not an endorsement by the Office of the Registrar General of professional status or recognition of superior qualifications.

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 No. (including area code) / Ext. | Fax No. (optional) (including area code) | |

Work address

| | | | | |
|------------|-------------|-----------|----------|-------------|
| Street No. | Street Name | City/Town | 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: Deputy Registrar General, Office of the Registrar General 189 Red River Road, PO Box 4600 Thunder Bay ON P7B 6L8. Telephone Outside Toronto 1 800 461-2156 or in Toronto 416 325-8305.