



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

Please read the instructions and documentation requirements on the reverse.

APPLICANT'S INFORMATION

Form section for Applicant's Information including fields for Surname, Given Names, Mailing Address, City, Province/State, Country, Postal Code, Home Phone, Work Phone, and IF Company, Attention.

DEATH AS CURRENTLY REGISTERED

Form section for Death as Currently Registered including fields for Surname of Deceased, Given Name(s), Age, Sex, Date of Death (Month, Day, Year), Place of Death, Residence before Death, and Registration #.

CORRECTION OF ERROR OR OMISSION

Form section for Correction of Error or Omission with two text areas: 'The following items of information are incorrect or missing:' and '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.

Declaration signature area with fields for 'Declared before me at', 'in the Province of British Columbia, this (DAY) day of (MONTH), (YEAR)', and signature lines for '(SIGNATURE OF DECLARANT)' and 'SIGNATURE OF LAWYER, 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 required change, the following is required:

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

Please 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:

- * Certified copy of Birth certificate
 - * Certified copy of Canadian citizenship papers/card
- * Certified copy of Canadian Permanent Resident card
 - * Certified copy of Landed immigrant papers
(not acceptable if issued for travel purposes only)

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.

Please 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 FOR SERVICE OR GENERAL INFORMATION					
MAILING ADDRESS & TELEPHONE NUMBER	VITAL STATISTICS AGENCY OFFICES				
Vital Statistics Agency PO Box 9657 Stn Prov Govt Victoria BC V8W 9P3 GENERAL INQUIRIES: 250 952-2681 Website: www.vs.gov.bc.ca	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Victoria Location: 818 Fort Street Victoria BC V8W 1H8 </td> <td style="width: 50%; vertical-align: top;"> Kelowna Location: 101 - 1475 Ellis Street Kelowna BC V1Y 2A3 </td> </tr> <tr> <td colspan="2" style="text-align: center; vertical-align: top;"> Vancouver Location: 250 - 605 Robson Street Vancouver BC V6B 5J3 </td> </tr> </table>	Victoria Location: 818 Fort Street Victoria BC V8W 1H8	Kelowna Location: 101 - 1475 Ellis Street Kelowna BC V1Y 2A3	Vancouver Location: 250 - 605 Robson Street Vancouver BC V6B 5J3	
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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	Rush Service*
	\$27.00 per certificate (average 5 to 7 days processing time) <i>All services, other than rush services, will be mailed.</i>	\$60.00 per certificate (24 hours processing time) <i>*Rush service is only available for certificate production. 24 hour service indicates in-office processing time. Courier time is additional</i>
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	<input type="checkbox"/> Large Certificate 21.6 cm x 17.7 cm <input type="checkbox"/> Registration Photocopy, Rush Service - \$60.00 per photocopy

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				
<input type="checkbox"/> Cheque *	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
* Postdated cheques not accepted		Interac/Cash payment may be made in person at one of our three offices. Cheque or money order made payable to the Minister of Finance.		
AMOUNT ENCLOSED FOR:		_____ Card holder signature		
Correction	\$ 27.00	_____ PRINT Card holder name as shown on Credit Card		
New Certificate (see fee above)	_____			
Total Amount Enclosed	\$ _____			
Credit Card # _____		Expiry date _____		