



APPLICATION FOR STILLBIRTH CERTIFICATE

*Please read instructions carefully and print clearly. Incomplete applications WILL NOT be processed.
If boxes marked with an “*” are not filled in, your application is incomplete.*

ORDER DETAILS	1 PRODUCT DETAILS						
	<i>Type of Product Requested</i>		<i>*Quantity</i>	<i>Type of Product Requested</i>		<i>*Quantity</i>	
	Commemorative Certificate (\$25.00)			Certified Photocopy of Registration of Stillbirth (\$50.00)			
			Genealogical Photocopy of Registration of Stillbirth (\$50.00)				
STILLBIRTH DETAILS	2 DETAILS OF PERSON NAMED ON CERTIFICATE [“Subject”]						
	3 <i>*Subject’s Last Name</i>		4 <i>*Subject’s First Given Name</i>		5 Subject’s Second Given Name(s)		
	6 <i>*Subject’s Sex</i> <input type="checkbox"/> Female <input type="checkbox"/> Male				7 <i>*Subject’s Date of Stillbirth</i> - Month/Day/Year		
	8 <i>*Subject’s Place of Stillbirth</i> - City/Town/Village/Other , Saskatchewan				9 Stillbirth Registration Number		
MOTHER’S DETAILS	10 <i>*Mother’s Last Name at Birth</i>		11 <i>*Mother’s First Given Name</i>		12 Mother’s Second Given Name(s)		
	13 Mother’s Current Last Name		14 Mother’s Date of Birth Month/Day/Year	15 <i>*Mother’s Place of Birth</i> - City/Town/Village/Other <u>AND</u> Province/State <u>AND</u> Country			
FATHER’S DETAILS	16 Father’s Last Name at Birth (If on Registration)		17 Father’s First Given Name		18 Father’s Second Given Name(s)		
	19 Father’s Current Last Name		20 Father’s Date of Birth Month/Day/Year	21 Father’s Place of Birth - City/Town/Village/Other <u>AND</u> Province/State <u>AND</u> Country			
OTHER PARENTS’ DETAILS	22 Other Parent’s Last Name at Birth (If on Registration)		23 Other Parent’s First Given Name		24 Other Parent’s Second Given Name(s)		
	25 Other Parent’s Current Last Name		26 Other Parent’s Date of Birth Month/Day/Year	27 Other Parent’s Place of Birth - City/Town/Village/Other <u>AND</u> Province/State <u>AND</u> Country			
	28 Other Parent’s Last Name at Birth (If on Registration)		29 Other Parent’s First Given Name		30 Other Parent’s Second Given Name(s)		
	31 Other Parent’s Current Last Name		32 Other Parent’s Date of Birth Month/Day/Year	33 Other Parent’s Place of Birth - City/Town/Village/Other <u>AND</u> Province/State <u>AND</u> Country			
34 FOR OFFICE USE ONLY							
Reg Date:			Reg #:		Date of Pick-Up:		
Date Received:							
APPLICANT DETAILS MAILING ADDRESS DETAILS	35 THE FOLLOWING MUST BE COMPLETED BY THE PERSON APPLYING FOR THE STILLBIRTH CERTIFICATE [“Applicant”] <i>*A readable photocopy of the Applicant’s identification MUST be attached to this Application for Stillbirth Certificate.</i>						
	36 <i>*Applicant’s First Given Name</i>		37 Applicant’s Second Given Name(s)		38 <i>*Applicant’s Current Last Name</i>		
	39 <i>*Mailing Address</i> - Apartment # - Street # - Street Name - P.O. Box				40 If Mailing Address is to a Business, Attention:		
	41 <i>*City/Town/Village/Other</i>		42 <i>*Province/State</i>		43 <i>*Country</i>		44 Postal / Zip Code
	45 Telephone - Home		46 Telephone - <input type="checkbox"/> Work <input type="checkbox"/> Cell		47 Email		
	48 <i>*Reason Why Certificate is Requested</i>			49 <i>*Applicant’s Relationship to Person Named on Certificate</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Parent <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Other: _____			
	50 <i>*Method of Delivery Requested</i> <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up <input type="checkbox"/> Priority Service: <i>Additional \$30.00</i>		51 <i>*Payment Method: CANADIAN FUNDS ONLY</i> <input type="checkbox"/> Debit or <input type="checkbox"/> Cash - In Person Only <input type="checkbox"/> Cheque or <input type="checkbox"/> Money Order - Payable to ISC <i>IF</i> <input type="checkbox"/> Visa , <input type="checkbox"/> MasterCard or <input type="checkbox"/> ISC Account (<i>Complete Payment Information Form and attach to Application</i>)			52 <i>*Payment Amount</i>	
	53 <i>*Signature of Applicant</i>			54 <i>*Date Applicant Signed Application</i> - Month/Day/Year			