



**APPLICATION FOR BIRTH 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.**

<b>ORDER DETAILS</b>	1 <b>PRODUCT DETAILS</b>						
	<i>Type of Product Requested</i>		<i>*Quantity</i>	<i>Type of Product Requested</i>		<i>*Quantity</i>	
	Short Form Birth Certificate (\$25.00)			Certified Photocopy of Registration of Live Birth (\$50.00)			
Long Form Birth Certificate (\$25.00) <i>(Needed for Passport if 16 and under)</i>			Genealogical Photocopy of Registration of Live Birth (\$50.00)				
<b>BIRTH DETAILS</b>	2 <b>DETAILS OF PERSON NAMED ON CERTIFICATE [“Subject”]</b>						
	3 <b>*Subject’s Last Name at Birth</b>		4 <b>*Subject’s First Given Name</b>		5 Subject’s Second Given Name(s)		
	6 Subject’s Current Last Name		7 <b>*Subject’s Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		8 <b>*Subject’s Date of Birth</b> - Month/Day/Year		
	9 <b>*Subject’s Place of Birth</b> - City/Town/Village/Other , Saskatchewan			10 Birth Registration Number		11 Sibling Order	
<b>MOTHER’S DETAILS</b>	12 <b>*Mother’s Last Name at Birth</b>		13 <b>*Mother’s First Given Name</b>		14 Mother’s Second Given Name(s)		
	15 Mother’s Current Last Name		16 Mother’s Date of Birth Month/Day/Year		17 <b>*Mother’s Place of Birth</b> - City/Town/Village/Other <u>AND</u> Province/State <u>AND</u> Country		
<b>FATHER’S DETAILS</b>	18 Father’s Last Name at Birth (If on Birth Registration)		19 Father’s First Given Name		20 Father’s Second Given Name(s)		
	21 Father’s Current Last Name		22 Father’s Date of Birth Month/Day/Year		23 Father’s Place of Birth - City/Town/Village/Other <u>AND</u> Province/State <u>AND</u> Country		
<b>OTHER PARENTS’ DETAILS</b>	24 Other Parent’s Last Name at Birth (If on Birth Registration)		25 Other Parent’s First Given Name		26 Other Parent’s Second Given Name(s)		
	27 Other Parent’s Current Last Name		28 Other Parent’s Date of Birth Month/Day/Year		29 Other Parent’s Place of Birth - City/Town/Village/Other <u>AND</u> Province/State <u>AND</u> Country		
	30 Other Parent’s Last Name at Birth (If on Birth Registration)		31 Other Parent’s First Given Name		32 Other Parent’s Second Given Name(s)		
	33 Other Parent’s Current Last Name		34 Other Parent’s Date of Birth Month/Day/Year		35 Other Parent’s Place of Birth - City/Town/Village/Other <u>AND</u> Province/State <u>AND</u> Country		
36 Reg Date: <b>FOR OFFICE USE ONLY</b> Reg #:							
Date Received: Date of Pick-Up:							
<b>APPLICANT DETAILS MAILING ADDRESS DETAILS</b>	37 <b>THE FOLLOWING MUST BE COMPLETED BY THE PERSON APPLYING FOR THE BIRTH CERTIFICATE [“Applicant”]</b> <b>*A readable photocopy of the Applicant’s identification MUST be attached to this Application for Birth Certificate.</b>						
	38 <b>*Applicant’s First Given Name</b>		39 Applicant’s Second Given Name(s)		40 <b>*Applicant’s Current Last Name</b>		
	41 <b>*Mailing Address</b> - Apartment #- Street #- Street Name - P.O. Box				42 If Mailing Address is to a Business, Attention:		
	43 <b>*City/Town/Village/Other</b>		44 <b>*Province/State</b>		45 <b>*Country</b>		46 Postal / Zip Code
	47 Telephone - Home		48 Telephone - <input type="checkbox"/> Work <input type="checkbox"/> Cell		49 Email		
	50 <b>*Reason Why Certificate is Requested</b>			51 <b>*Applicant’s Relationship to Person Named on Certificate</b> <input type="checkbox"/> Myself <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Parent <input type="checkbox"/> Other: _____			
	52 <b>*Method of Delivery Requested</b> <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up <input type="checkbox"/> Priority Service: <i>Additional \$30.00</i>		53 <b>*Payment Method: CANADIAN FUNDS ONLY</b> <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 <b>IF</b> <input type="checkbox"/> Visa , <input type="checkbox"/> MasterCard or <input type="checkbox"/> ISC Account <i>(Complete Payment Information Form and attach to Application)</i>			54 <b>*Payment Amount</b>	
	55 <b>*Signature of Applicant</b>			56 <b>*Date Applicant Signed Application</b> - Month/Day/Year			