

IMPORTANT INFORMATION TO AVOID DELAYS

- This application **must** be returned to a Registry Agent.
- The applicant **must** provide valid identification.
(e.g. Driver's Licence, Birth Certificate, Passport, Citizenship Card.)
- Read all instructions carefully before filling in this form.
- Make sure you are eligible to apply - see the opposite page.
- Information must be as complete as possible. Attach a written explanation if you cannot provide the information required in the applicable section(s).
- If any relevant part of the application is left blank, it will be returned to you by mail for completion.
- If a record or event cannot be found, a search for a three-year period is carried out automatically and the applicant will be notified.

PRINT CLEARLY - This information will be used to mail your documents. All areas of this section must be completed.

Full Name of Applicant		Phone No. (during the day)
Mailing Address	Street	Apartment No.
City / Town / Village	Province / Country	Postal / Zip Code
If Company, Attention of		Your Reference No. (if applicable)
Reason Certificate Required		
State Your Relationship to Person Named on Certificate		
Signature of Applicant		Date Signed

					Type	Quantity		
B I R T H	Last Name (give MAIDEN name if certificate is for a married person)			Given Names	<input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Information Only		
	Date of Birth		Place of Birth (city, town or village)		Name of Hospital Where Birth Occurred		Personal Information & Parentage	
	Last Name of Father/Parent		Known by any Other Last Name	Given Names		Birthplace of Father/Parent		Photocopy of Registration
	Maiden Name of Mother/Parent		Known by any Other Last Name	Given Names		Birthplace of Mother/Parent		Search Letter

					Type	Quantity	
M A R R I A G E	Last Name of Spouse (prior to this marriage)		Given Names		Birthplace of Spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female	Certified Small
	Last Name of Spouse (prior to this marriage)		Given Names		Birthplace of Spouse		Certified Large
	Date of Marriage		Place of Marriage (city, town or village)				Photocopy of Registration
							Search Letter

					Type	Quantity	
D E A T H	Last Name of Deceased			Given Names	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Certified Large
	Date of Death		Place of Death (city, town or village)		Marital Status		Photocopy of Registration
					<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Medical Certificate (Restricted)
	Usual Residence of Deceased Prior to Death (province / country)			Date of Birth			

					Type	Quantity		
S T I L L B I R T H	Last Name			Given Names	<input type="checkbox"/> Male <input type="checkbox"/> Female	Photocopy of Registration		
	Date of Stillbirth		Place of Stillbirth (city, town or village)		Name of Hospital Where Stillbirth Occurred		Medical Certificate (Restricted)	
	Last Name of Father/Parent		Known by any Other Last Name	Given Names		Birthplace of Father/Parent		Search Letter
	Maiden Name of Mother/Parent		Known by any Other Last Name	Given Names		Birthplace of Mother/Parent		

REG3023 (2008/02)

RETURN THIS APPLICATION TO
YOUR NEAREST REGISTRY AGENT

This information is being collected for the purposes of vital statistics records in accordance with the Vital Statistics Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7.