VSA - FORM 3
APPLICATION TO AMEND or ALTER A P.E.I. STATEMENT OF BIRTH

THIS FORM MUST BE PRINTED ON 8.5" X 14" (LEGAL SIZE) PAPER.

VITAL STATISTICS REGISTRY
126 DOUSES ROAD
PO BOX 3000, MONTAGUE, PEI C0A 1R0
Telephone (902) 838-0880 Fax: (902) 838-0883
Toll free in Canada 1-877-320-1253
Email: vsmontague@gov.pe.ca
www.gov.pe.ca/vitalstatistics

This form is to be completed by parents wanting to change a birth registration where the original statement was made by only one parent or by a non-parent.

PRIVACY STATEMENT: Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.P.E.I. 1988, Cap. V-4.1 , Sections 3 and 9, as applicable, to fulfill the requirements for registration and release of records and information. If you have any questions about the collection or use of this information please contact the Vital Statistics Office toll free at 1-877-320-1253.

Applicant Information — PLEASE PRINT CLEARLY

"Applicant" is the person who is completing this request. As **"Applicant"** you must provide the information below so you can be contacted if problems arise with your application. This portion will be used to mail your service or correspondence.	
SURNAME:	GIVEN NAMES:
MAILING ADDRESS	
CITY, PROVINCE, STATE, COUNTRY	POSTAL CODE
DAYTIME PHONE (include area code):	EMAIL ADDRESS:

AMENDING/ALTERING THE STATEMENT OF BIRTH

A Statutory Declaration is required if only one parent is applying to amend the statement of birth and it must accompany an application to alter or add a given name to the statement of birth.

Amendment ❑	**Alteration or Addition of Given Name** ❑
An amendment to add the particulars of the father can be made only if: (a) the father and mother apply jointly [Subsection 3(4)]; or (b) paternity has been established pursuant to the *Child Status Act* [Subsection 3(7)].	An alteration or addition of a given name can be made where the birth of a child has been registered and: (a) the given name under which the child is registered is changed; or (b) the child was registered without a given name. *Proof of name change required for (a) - e.g. Baptismal Certificate

Name of Child in Statement of Birth:

SURNAME: First Given Name: Middle Name(s):

SEX: ❑ MALE ❑ FEMALE	DATE OF BIRTH: Month (ex: Feb.) Day Year

WHAT IS TO BE CHANGED? (FROM WHAT .... TO WHAT?)

WHY SHOULD THIS /THESE CHANGES BE MADE?

Name and Signature(s) of Applicant(s):	DATE:
MOTHER'S NAME (Please Print):	MOTHER'S SIGNATURE:
OTHER PARENT NAME (Please Print):	OTHER PARENT SIGNATURE:

FEE: $ 25 Fee must accompany the application

Payment

Payment Method: *CANADIAN FUNDS ONLY*

❑ Cash (In person only) ❑ Debit Card (In person only) ❑ Cheque or Money Order (Payable to: Minister of Finance, Energy and Municipal Affairs)

❑ MasterCard or Visa: I authorize Vital Statistics to charge my credit card: $_____

_____ Expiry: _____ _____
Credit Card Number Month Year

_____ _____
Cardholder's Name (please print) Cardholder's Signature

Application fee(s) are non refundable. Post dated cheques are not accepted. An additional $30.00 will be charged for NSF cheques.

Completed_____ Receipt # _____ Issue Date _____