VITAL STATISTICS ACT REGULATIONS
PLEASE NOTE

This document, prepared by the Legislative Counsel Office, is an office consolidation of this regulation, current to July 23, 2016. It is intended for information and reference purposes only.

This document is not the official version of these regulations. The regulations and the amendments printed in the Royal Gazette should be consulted on the Prince Edward Island Government web site to determine the authoritative text of these regulations.

For more information concerning the history of these regulations, please see the Table of Regulations on the Prince Edward Island Government web site (www.princeedwardisland.ca).

If you find any errors or omissions in this consolidation, please contact:

Legislative Counsel Office
Tel: (902) 368-4292
Email: legislation@gov.pe.ca
Pursuant to section 40 of the Vital Statistics Act R.S.P.E.I. 1996, Cap. V-4.1, Council made the following regulations:

1. **Evidence for delayed birth registration**
   (1) Subject to subsection (2), the following evidence may be accepted in support of an application for delayed registration of a birth, pursuant to clause 7(c) of the Act:
   (a) a baptismal record or similar church record;
   (b) a Statistics Canada census document;
   (c) an immunization record or similar public health record;
   (d) a record of school registration; or
   (e) such other document as the Director considers reliable.

   **Records include**
   (2) For the purposes of subsection (1), a record or document shall have been recorded prior to the person reaching the age of 10 years and shall show
   (a) the person’s date of birth;
   (b) the person’s place of birth; or
   (c) the name of the parent or parents. *(EC453/00)*

2. **Evidence for given name change**
   (1) Subject to subsection (2), the following evidence may be accepted in support of an application for an alteration of a given name on a birth registration pursuant to clause 9(1)(d) of the Act:
   (a) a baptismal record or similar church record;
   (b) a Statistics Canada census document;
   (c) an immunization record or similar public health record;
   (d) a record of school registration; or
   (e) such other document as the Director considers reliable.
Records include

(2) For the purposes of subsection (1), a record or document shall have been recorded prior to the person reaching the age of 10 years and that it pertains to the person whose given name is to be altered. (EC 453/00)

3. Evidence for delayed marriage registration

The following evidence may be accepted in support of an application for delayed registration of a marriage pursuant to clause 17(c) of the Act:

(a) a church or court record which
   (i) was completed by the person who solemnized the marriage or another person having knowledge of the facts of the marriage, and
   (ii) shows the names of the spouses and the date and place of the marriage; or

(b) other documents considered by the Director to be reliable. (EC 453/00; 460/05)

4. Evidence for delayed death registration

(1) Subject to subsection (2), the following evidence may be accepted in support of an application for delayed registration of a death pursuant to clause 23(b) of the Act:

(a) a church record, record of a cemetery or of a funeral director, related to the death, funeral or burial;

(b) a court record associated with the death;

(c) inspection of a gravestone by a representative of the Director, or a statutory declaration about the gravestone; or

(d) such other document as the Director considers reliable.

Records contain

(2) For the purposes of subsection (1), records or documents for the purposes of subsection (1) shall

(a) identify the person;

(b) show the date of death of the person; or

(c) show the place of death of the person. (EC 453/00)

5. Disclosure of identifying information

(1) Subject to sections 14 and 15 of the Act, the Director may disclose identifying information obtained in the administration of the Act to

(a) any department or agency of the government of the province, the government of Canada or the government of another province of Canada;

(b) a police officer in the discharge of police duties;

(c) the Workers Compensation Board of Prince Edward Island;

(c.1) the Chief Electoral Officer;

(d) the provincial archives office; or

(e) for research purposes approved by the Director upon an undertaking by the researcher not to reveal identifying information.
### Statistical form

(2) Information gathered in the administration of the Act may be published or disclosed in statistical form, provided that persons are not identifiable from the published or disclosed information.

### Minister may prohibit disclosure

(3) Notwithstanding subsection (1), the Minister may prohibit the disclosure of information if the Minister believes that such disclosure is contrary to the best interests of the public.

### Reasonable fees

(4) Notwithstanding subsection (1), the Director may charge a fee for information provided pursuant to this section that, in the Director’s opinion does not exceed a reasonable estimate of the cost of assessing and providing the information and the documents requested. *(EC453/00; 149/14)*

### Forms

Forms 1 through 17 attached as Schedule A to these regulations are prescribed. *(EC453/00)*

### Fees

(1) Subject to subsection (2), the following fees are prescribed:


<table>
<thead>
<tr>
<th>Section</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>3(5)</td>
<td>$25</td>
</tr>
<tr>
<td>7, 17, 23 (b)</td>
<td>$25</td>
</tr>
<tr>
<td>9(1)</td>
<td>$25</td>
</tr>
<tr>
<td>10</td>
<td>$25</td>
</tr>
<tr>
<td>31</td>
<td>$20</td>
</tr>
<tr>
<td>32(1)</td>
<td>$25</td>
</tr>
<tr>
<td>32(1)</td>
<td>$35</td>
</tr>
<tr>
<td>(h) revoked by <em>(EC149/14)</em></td>
<td></td>
</tr>
<tr>
<td>32(3)</td>
<td>$35</td>
</tr>
<tr>
<td>32(4)</td>
<td>$35</td>
</tr>
<tr>
<td>32(4)</td>
<td>$35</td>
</tr>
<tr>
<td>32(5)</td>
<td>$35</td>
</tr>
<tr>
<td>(i) copy of registration of birth</td>
<td>$35</td>
</tr>
<tr>
<td>32(6)</td>
<td>$15</td>
</tr>
<tr>
<td>32(7)</td>
<td>$35</td>
</tr>
<tr>
<td>32(13)</td>
<td>$20</td>
</tr>
<tr>
<td>(o) information from or about, or a copy of, any other document for which a fee is not prescribed, for genealogical research - involving search of records for every period spanning up to three years</td>
<td>$50</td>
</tr>
<tr>
<td>(p) rush certificates for items (f), (g), (i) and (l) does not include courier charges, if any</td>
<td>$50</td>
</tr>
<tr>
<td>(p.1) revoked by <em>(EC149/14)</em></td>
<td></td>
</tr>
<tr>
<td>(q) change of name notification (out of province)</td>
<td>$25</td>
</tr>
</tbody>
</table>
(r) same-day emergency service for certificates (pick up only) ........................................ $100

Fee waiver

(2) Revoked by EC470/16. (EC453/00; 210/01; 220/04; 149/14; 470/16)
**SCHEDULE A**

**FORM 1**

NOTICE OF NON-HOSPITAL BIRTH
[Section 2 of the *Vital Statistics Act*]

To be completed by the physician or other person responsible for delivering a child, other than a birth in a hospital*

To be provided to a Vital Statistics registrar within 72 hours of the birth

Date of birth..................................................................... Time: ................................ am / pm

Place of birth..................................................................................................................................................

Geographic place name ............................................................... Type of place (home, etc.) ..................................

Number of children in this delivery? Single ☐ Twins ☐ Triplets ☐

Other ☐ .................................................................................................................................

Sex of the child/children? Male ☐ Female ☐..........................................................

Was the child/children born alive? Yes ☐ No ☐ ..................................................

**PARENT(S)**

Mother’s name........................................................................ Phone ..................................

Contact address...............................................................................................................................................

Father’s /Other Parent’s name........................................................................ Phone ........

Contact address...............................................................................................................................................

Physician/other person responsible for reporting this delivery

Name...................................................................................... Phone ..................................

Contact address...............................................................................................................................................

*That is, this form should be used if the regular Statement of Birth is not being taken by a Vital Statistics registrar in a hospital. The purpose is to help a registrar contact the parent(s) so that a full Statement of Birth can be completed.

*(EC674/09)*
FORM 2
STATEMENT OF BIRTH
[Subsection 3(1) of the Vital Statistics Act]
NOTICE

Section 3 of the Vital Statistics Act provides:

3. (1) Within thirty days after the birth of a child in the province, at least one parent of the child or another prescribed person shall, in accordance with the regulations, complete and provide a statement respecting the birth and the parents to the division registrar.

(2) If a pregnancy results in the birth of more than one child, a separate statement for each child shall be completed and provided in accordance with subsection (1), and each statement shall state the number of children born and their order of birth.

(3) Where a registered statement is completed by only one parent of the child or by a person who is not the child's parent, the Director shall amend the statement on application of any of the following persons:
   (a) the child's parents together;
   (b) one of the child's parents, if the other parent is incapable;
   (c) the child's mother, if the other parent is unacknowledged or unknown to the mother.

(4) If any one parent of the child applies to amend the statement, a statutory declaration of the facts justifying the application shall be attached to the application.

(5) Where parentage is established under the Child Status Act, the Director shall, on receipt of a copy of the order, make a notation on the statement of the child to reflect the determination of parentage.

Definition

Assisted conception means conception by a means other than sexual intercourse and includes the fertilization of the mother's ovum outside her uterus and subsequent implantation of the fertilized ovum in her.

SOCIAL INSURANCE NUMBER APPLICATION

If you apply for a new social insurance number (SIN) for your child, the information will be sent to Service Canada (operating within Human Resources and Skills Development Canada) after the birth registration is completed. There is no fee to apply. To use this service to apply for your child's SIN, you must be a Canadian citizen or permanent resident. If you are not a Canadian citizen or permanent resident, you may still be eligible to apply for your child's SIN, but will need to apply directly to Service Canada. If you do not consent, the information on your birth registration form will not be forwarded to Service Canada. Service Canada is permitted to collect and use information being forwarded to them under the authority of the Federal Employment Insurance Act. For further information, including information relating to your privacy rights, see the website Service Canada or information can be obtained at www.servicecanada.gc.ca.

CANADA CHILD BENEFITS APPLICATION

If you apply for the Canada Child Tax Benefit, the Universal Child Care Benefit, the Goods and Services Tax/Harmonized Sales Tax Credit and for any other federal benefit program administered by the Canada Revenue Agency, the information will be sent to the Canada Revenue Agency after the birth registration is completed. To use this service to apply for these benefits you must be a Canadian Citizen or Permanent Resident and you must be the person or care giver for the child. If you do not consent, the information on the birth registration form will not be forwarded to the Canada Revenue Agency. The Canada Revenue Agency is permitted to collect and use information being forwarded to them under the authority of the Federal Personal Information Protection and Electronic Documents Act, 2000, c. P-21.

(EC674/09; 212/12)
FORM 3
APPLICATION TO AMEND or ALTER A STATEMENT OF BIRTH

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**

<table>
<thead>
<tr>
<th><strong>“Applicant”</strong> 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURNAMEx</strong></td>
</tr>
<tr>
<td><strong>MAILING ADDRESS</strong></td>
</tr>
<tr>
<td><strong>CITY, PROVINCE, STATE, COUNTRY</strong></td>
</tr>
<tr>
<td><strong>DAYTIME PHONE (include area code):</strong></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th><strong>Amendment</strong></th>
<th><strong>Alteration or Addition of Given Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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)].</td>
<td></td>
</tr>
<tr>
<td>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. <em>Proof of name change required for (a) - e.g. Baptismal Certificate</em></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Child in Statement of Birth:**

<table>
<thead>
<tr>
<th><strong>SURNAMEx</strong></th>
<th><strong>First Given Name:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Middle Name(s):</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SEX:</strong></th>
<th><strong>DATE OF BIRTH:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MALE</strong></td>
<td><strong>Month (ex: Feb.)</strong></td>
</tr>
<tr>
<td><strong>FEMALE</strong></td>
<td><strong>Day</strong></td>
</tr>
</tbody>
</table>

| **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** Required at time of application.

**Payment**

Payment Method: CANADIAN FUNDS ONLY

- [ ] Cash (In person only)
- [ ] Debit Card (In person only)
- [ ] Cheque or Money Order (Payable to PEI Vital Statistics)
- [ ] MasterCard or Visa: I authorize Vital Statistics to charge my credit card:
  
  $________________________
  Credit Card Number ________________  
  Expiry: 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 will be charged for NSF cheques.

Completed___________ Receipt # _______________ Issue Date  

(EC674/09; 149/14)
FORM 4
APPLICATION FOR DELayed REGISTRATION OF BIRTH, MARRIAGE OR DEATH

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 a person wanting to have an event (birth, marriage or death) registered that occurred more than one year ago (or where a Division Registrar has referred registration to the Director of Vital Statistics).

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 7, 17 and 23, as applicable, to fulfil 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.

<table>
<thead>
<tr>
<th>SURNAME:</th>
<th>GIVEN NAMES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City, Province, State, Country</td>
<td>Postal Code</td>
</tr>
<tr>
<td>Daytime Phone (include area code):</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

Connection with event/person to be registered:

INFORMATION ABOUT THE EVENT TO BE REGISTERED

<table>
<thead>
<tr>
<th>Type of Event to be registered:</th>
<th>☐ Birth</th>
<th>☐ Marriage</th>
<th>☐ Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth/Marriage/Death:</td>
<td>Month (ex: Feb.)……..Day……..Year……………</td>
<td>Sex: ☐ Male ☐ Female</td>
<td></td>
</tr>
<tr>
<td>Name of person to be registered:</td>
<td>Surname:……………………Given Name:………………..</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name(s): ………………………</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain why this registration did not get made when it occurred?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER REQUIREMENTS (*Forms provided by Vital Statistics):
1.) *A Statutory Declaration - a formal statement claiming that the facts presented are true and that the application is being made in good faith - must accompany this application.
2.) *A Statement of Birth (Form 2), Marriage (Form 6), or Death (Form 9 + medical certificate) must be completed.
3.) The following evidence to support the facts (Sections 1, 3, 4 of the Vital Statistics Act Regulations) must also be provided.
BIRTH
(a) a baptismal record or similar church record;
(b) a Statistics Canada census document;
(c) an immunization record or similar public health record;
(d) a record of school registration;
(e) other.
* Additional information and requirements noted under Vital Statistics Act Regulations, Section 1.

MARRIAGE
(a) a church or court record (completed by person who solemnized the marriage or another person having knowledge of the facts and which shows the names of the spouses and the date and place of the marriage;
(b) other.

DEATH
(a) a church record, record of a cemetery or of a funeral director, related to the death, funeral or burial;
(b) a court record associated with the death;
(c) inspection of a gravestone by a representative of the Director of Vital Statistics, or a statutory declaration about the gravestone;
(d) other.

FEE: $25 Required at time of application.

Payment Method: CANADIAN FUNDS ONLY

- Cash (In person only)  - Debit Card (In person only)
- Cheque or Money Order (Payable to PEI Vital Statistics)
- MasterCard or Visa:  I authorize Vital Statistics to charge my credit card:
  $_________________  Credit Card Number _______________
  Expiry: 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 will be charged for NSF cheques.

Completed__________  Receipt # _________________  Issue Date ___________

(EC674/09; 149/14)
FORM 5
STATEMENT OF STILLBIRTH
[Section 11 of the Vital Statistics Act]

<table>
<thead>
<tr>
<th>Province of Prince Edward Island</th>
<th>Form 5</th>
<th>Statement of Stillbirth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vital Statistics Act Regulations**

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**(EC674/09)**
FORM 6
STATEMENT OF MARRIAGE
[Subsection 16(1) of the Vital Statistics Act]

Province of Prince Edward Island
Vital Statistics

Registration No.
(Office use only)

THIS IS A PERMANENT LEGAL RECORD-Type or write plainly and complete all items

<table>
<thead>
<tr>
<th>PLACE OF MARRIAGE</th>
<th>1. Name of church or address where marriage was solemnized</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City, town, village or other place (by name) County</td>
</tr>
<tr>
<td>DATE OF MARRIAGE</td>
<td>2. Month (by name), day, year of marriage</td>
</tr>
<tr>
<td></td>
<td>3. Registration No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>Spouse 1</th>
<th>Spouse 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provincial Health Number</td>
<td>Provincial Health Number</td>
</tr>
<tr>
<td>4.</td>
<td>Surname (print or type)</td>
<td>Surname (print or type)</td>
</tr>
<tr>
<td></td>
<td>All given names</td>
<td>All given names</td>
</tr>
</tbody>
</table>

| MARITAL STATUS | 5. ☐ Never married | ☐ Widowed | ☐ Divorced |
|               | 17. ☐ Never married | ☐ Widowed | ☐ Divorced |

|----------|---------------------------|---------------------------|

<table>
<thead>
<tr>
<th>BIRTHDATE</th>
<th>7. Month (by name), day of birth</th>
<th>19. Month (by name), day of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8. Sex</td>
<td>20. Sex</td>
</tr>
<tr>
<td></td>
<td>9. Age</td>
<td>21. Age</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BIRTHPLACE</th>
<th>10. City, town, or other place, province (or country) of birth</th>
<th>22. City, town, or other place, province (or country) of birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RESIDENCE before marriage</th>
<th>11. Complete street address, if rural exact location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City, town or other place, country, province (or country), postal code</td>
</tr>
<tr>
<td></td>
<td>23. Complete street address, if rural exact location</td>
</tr>
<tr>
<td></td>
<td>City, town or other place, country, province (or country), postal code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT 1</th>
<th>12. Surname at birth and given names of Parent 1 (type or print)</th>
<th>24. Surname at birth and given names of Parent 1 (type or print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13. BIRTHPLACE-City, town or place, province (or country)</td>
<td>25. BIRTHPLACE-City, town or place, province (or country)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT 2</th>
<th>14. Surname at birth and given names of Parent 2 (type or print)</th>
<th>26. Surname at birth and given names of Parent 2(type or print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15. BIRTHPLACE-City, town or place, province (or country)</td>
<td>27. BIRTHPLACE-City, town or place, province (or country)</td>
</tr>
</tbody>
</table>

| SIGNATURES | 28. Signature of Spouse 1 | 29. Signature of Spouse 2 |
|           | Address                  | Address                  |
|           | 30. Signature of Witness | Address                  |
|           | 31. Signature of Witness | Address                  |
CERTIFICATION OF OFFICIANT

32. I certify that I solemnized the marriage of the parties named in items 4 and 16 at the place and on the date stated above:
Signature of person officiating

☐ Clergy
☐ Judge

33. Address of person officiating

34. Religion denomination (if clergy)

DO NOT WRITE IN THIS AREA – OFFICE USE ONLY
Notations:

CERTIFICATION OF REGISTRAR

I certify this return was accepted by me on this date at

P.E.I.

Date-Month (by name), day, year

Signature of Registrar

EXTRACTS FROM THE LAW

Every clergyman, minister or other person authorized by the law of the Province to solemnized marriages shall, at the time of each marriage make a written record thereof in the form prescribed and every such record shall be signed by each of the parties to the marriage and by the minister, clergyman or other person authorized as aforesaid officiating and by at least two credible witnesses.

Every clergyman, minister or other person authorized as aforesaid shall, within forty-eight hours from and after the solemnization by him or her of a marriage, deliver or forward by letter to the Registrar General a complete record thereof according to the prescribed form.

(EC460/05; 674/09)
FORM 7
STATEMENT OF ANNULMENT/DISSOLUTION OF MARRIAGE
[Subsection 18(1) of the Vital Statistics Act]

To be provided by the registrar of the court to the Director of Vital Statistics

The following marriage has been annulled ☐ dissolved ☐ by this court.

Full name of Spouse 1 ........................................................................................................................................
Surname ........................................................................................................................................................
Given names .......................................................................................................................................................

Full name of Spouse 2 ........................................................................................................................................
Surname ........................................................................................................................................................
Given names .......................................................................................................................................................

Date of marriage ........................................ Registration No. .................................................................
Month  Day  Year  (if available)

Place of marriage ...........................................................................................................................................
Church / Court / other
.....................................................................................................................................................................
Municipality, Province or Country

Court/location ....................................................................................................................................................
Judge responsible .................................................................................................................. Date of judgement ..........
Date of certificate of divorce ...........................................................................................................................
Date of this statement .................................... Signature of registrar .....................................................

(EC460/05)
### FORM 8
#### REGISTRATION OF DEATH

[Sections 19 and 20 of the Vital Statistics Act]

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forename(s)</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Date of Death</th>
<th>Address</th>
<th>Cause of Death</th>
<th>Manner of Death</th>
<th>Medical Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith</td>
<td>John</td>
<td>M</td>
<td>1980-01-01</td>
<td>2023-05-15</td>
<td>123 Main St</td>
<td>Natural</td>
<td>External Factors</td>
<td>Medical Certificate</td>
</tr>
<tr>
<td>Brown</td>
<td>Jane</td>
<td>F</td>
<td>1985-02-02</td>
<td>2023-06-30</td>
<td>456 Oak Rd</td>
<td>Accident</td>
<td>Internal Factors</td>
<td>Medical Certificate</td>
</tr>
</tbody>
</table>

---

**Note:** This is a permanent record.

Test or note here for verification, and signature of official.
FORM 9
INTERIM MEDICAL CERTIFICATE OF DEATH
[Subsection 20(4) of the Vital Statistics Act]

To be completed -- by a CORONER only -- when cause of death cannot be confirmed within 48 hours

Name of deceased ..............................................................................................................................................
Surname .........................................................................................................................................................
Given names ..................................................................................................................................................

Date of birth................................................................. Provincial Health # ........................................
Month   Day   Year

Date of death...............................................................
Month   Day   Year

Place of death ..............................................................................................................................................
Hospital/ Institution/ other........................................ Geographic location

Funeral Director responsible ................................................................................................................................

Funeral Director’s Phone # ..............................................................................................................................

CERTIFICATION
I certify that
• the named person has died
• the cause of death cannot be determined with reasonable accuracy and confidence within 48 hours of notification of the death
• the body is no longer required for purposes of an autopsy, investigation or inquest, and is therefore released to the funeral director for burial, cremation or other disposition.

Coroner’s name.............................................. Phone # .................................................................
Date/time .................................................. Signature ............................................................................

When the cause of death has been established (after autopsy, investigation or inquest),
the coroner must complete the proper medical certificate on the Registration of Death (Form 8)
FORM 10
BURIAL (OR OTHER DISPOSITION) PERMIT
[Section 24 of the Vital Statistics Act]

Issued by a registrar to a funeral director

Name of deceased...........................................................................................................................................

Surname..............................................................................................................................................................

Given names.........................................................................................................................................................

Date of birth ................................................ Date of death ................................................................................

Month  Day  Year  Month  Day  Year

Place of death .......................................................................................................................................................

Hospital/ Institution/ other  Geographic location

Health No. (or equivalent) ...................................................................................................................................

Name of Physician or Coroner involved..................................................................................................................

REGISTRAR’S AUTHORIZATION

I have received the statement of particulars [section 19 of the Act] and the medical certificate of death, or interim medical certificate, [section 20 of the Act] which are together necessary to register the death.

Authorization is therefore given, in accordance with section 24 of the Act, for the transportation and burial, cremation or other disposition of the deceased.

This permit is issued to the Funeral Director responsible

Name of funeral director / home ...........................................................................................................................

Location.................................................................................................................................................................

Tel ...........................................................

• For transportation to ............................................................................................................................................

Geographic location, if other than local

• For burial in ..........................................................................................................................................................

Name and location of cemetery

• Other disposition planned ....................................................................................................................................

Example: cremation, donation to medical school

Name of Registrar...........................................................................................................................

Tel ..........................................................

Date................................................ Signature ...........................................................................................................

Copy Directions:

Registrar

(a) provides Copy 1 and 2 to funeral director

(b) sends Copy 3 to Director

(c) keeps copy 4 (for records)

Funeral Director

(a) attaches Copy 1 to casket: to be seen by officiant (clergy) or officials in other jurisdictions and delivered to cemetery operator

(b) keeps Copy 2 (for records)
FORM 10.1
APPLICATION FOR A SEARCH OF RECORD

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

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, Section 31, as applicable, to fulfil 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.

Your request can only be processed if this application is complete, the information provided agrees with our records, and the event is registered.

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.

<table>
<thead>
<tr>
<th>SURNAME:</th>
<th>GIVEN NAMES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY, PROVINCE, STATE, COUNTRY</td>
<td>POSTAL CODE</td>
</tr>
<tr>
<td>DAYTIME PHONE (include area code):</td>
<td>EMAIL ADDRESS:</td>
</tr>
<tr>
<td>SIGNATURE OF APPLICANT (Written)</td>
<td>DATE (Month/Day/Year)</td>
</tr>
</tbody>
</table>

SEARCH REQUEST:
The results of any search requested for information in the records of Vital Statistics shall only state whether the event was registered or recorded and the registration number associated with that record. This means a search request does not entitle you to personal information from a record nor does it provide you with a certified document related to that event. If you are entitled to a document and wish to receive a copy (Vital Statistics Act, Section 32), you must apply for that document separately from this search request.

TYPE OF RECORD (please check):

- [ ] Birth
- [ ] Stillbirth
- [ ] Marriage
- [ ] Annulment
- [ ] Dissolution of Marriage
- [ ] Confirm Non-marriage
- [ ] Death
- [ ] Change of Name
- [ ] Baptismal
- [ ] Burial
Please provide information about the event.
Please mark N/A in the spaces that do not apply (Confirmation of Non-Marriage searches only).

<table>
<thead>
<tr>
<th>LAST NAME ON RECORD</th>
<th>First Given Name</th>
<th>Middle Names</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE &amp; PLACE OF EVENT</th>
<th>Month (ex: Feb)</th>
<th>City/Town</th>
<th>Province/Country: Prince Edward Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day………Year………</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mother’s Surname: (Before Marriage)
First Name: Middle Names:
Father/Other Parent’s Surname: (If stated on Registration) - If not enter N/A:
First Name: Middle Names:
Search Dates: ______________________ to _____________________

SEARCH FEE: $20 for every 3 years (or part thereof)

Delivery
☐ Pick Up (Montague office only)
☐ Regular Mail (free of charge)
☐ Courier: PEI, NS, and NB $10
☐ Courier: All other Canadian destinations $20
☐ Courier outside Canada, please contact Vital Statistics to make arrangements:
   (902) 838-0880 or toll free (in Canada) 1-877-320-1253.

Payment
Payment Method: CANADIAN FUNDS ONLY
☐ Cash (In person only)  ☐ Debit Card (In person only)
☐ Cheque or Money Order (Payable to PEI Vital Statistics)
☐ MasterCard or Visa: I authorize Vital Statistics to charge my credit card:
$_______________ Credit Card Number _______________
Expiry: 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 will be charged for NSF cheques.

Completed_________________ Receipt # _____________
Reg #______________________Certificate #______________________
Issue Date____________________

(EC149/14)
**FORM 11**

**APPLICATION FOR PRINCE EDWARD ISLAND BIRTH RECORD**

**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

**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, section 32, as applicable, to fulfil 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.

Your request can only be processed if this application is complete, the information provided agrees with our records, and the event is registered.

<table>
<thead>
<tr>
<th>Applicant Information</th>
<th>PLEASE PRINT CLEARLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURNAME:</strong></td>
<td><strong>GIVEN NAMES:</strong></td>
</tr>
<tr>
<td>MAILING ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY, PROVINCE, STATE, COUNTRY</td>
<td>POSTAL CODE</td>
</tr>
<tr>
<td>DAYTIME PHONE (include area code):</td>
<td>EMAIL ADDRESS:</td>
</tr>
</tbody>
</table>

- **AUTHORITY TO OBTAIN BIRTH CERTIFICATE:**
  - Applicant is person to whom certificate applies
  - Applicant is parent on birth registration of person to whom certificate applies
  - Written authorization of person to whom certificate applies or parent on registration
  - Applicant requires certificate for the administration of the estate of deceased person to whom certificate applies or to establish eligibility to administer person’s estate
  - Applicant is a lawyer acting for the person to whom the certificate applies
  - Applicant is a public officer who requires the certificate for the purpose of discharging official duties
  - Court order
  - Written authorization of Minister

- **AUTHORITY TO OBTAIN COPY OF BIRTH REGISTRATION:**
  - Applicant is adult person to whom registration applies
  - Applicant is listed as a parent on the registration
  - Applicant is a public officer who requires the registration for the purpose of discharging official duties
  - Court order
  - Written authorization of Minister

**WRITTEN AUTHORIZATION:** For the purposes of giving written authorization to an applicant in respect of a birth certificate, the person to whom the certificate applies or a parent of that person may use this section OR provide a signed letter of authorization to be attached to this application:

1. Person to whom certificate applies or Parent authorize that my birth certificate be issued to the applicant stated above.

   ________________________________
   Signature of person to whom certificate applies or parent

   ________________________________
   Date

   **SIGNATURE OF APPLICANT**

   **DATE of APPLICATION (Month/Day/Year)**
### Birth Certificate or Registration Information

Enter the birth information of the person to whom the certificate or registration applies including the names of both parents and where they were born. If the father’s/other parent’s information is not applicable (was not on birth registration) please put N/A in corresponding fields.

#### Person To Whom Certificate Applies

**Last Name (At Birth)**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Other Given</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City/Town of Birth**

<table>
<thead>
<tr>
<th>Province of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince Edward Island</td>
</tr>
</tbody>
</table>

#### Mother’s Details

<table>
<thead>
<tr>
<th>Mother’s Surname: (before marriage)</th>
<th>First Name</th>
<th>Middle Names</th>
<th>Birthplace</th>
<th>Province/State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Father/Other Parent’s Details

<table>
<thead>
<tr>
<th>Father/Other Parent’s Surname: (If stated on Birth Record)</th>
<th>First Name</th>
<th>Middle Names</th>
<th>Birthplace</th>
<th>Province/State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Administrative Information

**Type of Product Requested:**

- [ ] Standard Birth Certificate .......................... $25
- [ ] Detailed Birth Certificate .......................... $35
- [ ] Certified Copy of Registration of Birth (Not a birth certificate) ......................... $35

**Special Service Requested:**

- [ ] Expedited Service (2 business days + delivery time) .................................................. $50
- [ ] Emergency Service (Same day - pick up only) ............................................................... $100

#### Method of Delivery Requested:

- [ ] Pick up Montague (expedited or emergency service only)
- [ ] Regular Mail (free of charge)
- [ ] Courier: PEI, NS, and NB  .................$10
- [ ] Courier: All other Canadian destinations .20
- [ ] Courier outside Canada, please contact Vital Statistics to make arrangements: (902) 838-0880 or toll free (in Canada) 1-877-320-1253

**Payment Method:** CANADIAN FUNDS ONLY

- [ ] Cash (In person only)
- [ ] Debit Card (In person only)
- [ ] Cheque or Money Order (Payable to PEI Vital Statistics)
- [ ] MasterCard or Visa: I authorize Vital Statistics to charge my credit card:

  $_____________  Credit Card Number  ______________

  Expiry: Month __________ Year _____

  Cardholder’s Name (please print)

  ________________________________

  Cardholder’s Signature

Post-dated cheques are not accepted. An additional $30 will be charged for NSF cheques.

Completed_________________  Receipt # _____________

Reg #_____________________________Certificate #____________________________

Issue Date_____________________________
IMPORTANT INFORMATION

Documents can only be issued for births that occurred in P.E.I.

INFORMATION PROVIDED ON DOCUMENTS:
Certificates contain information extracted from the original, legal registration filed at the time of birth.

<table>
<thead>
<tr>
<th>Standard Birth Certificate</th>
<th>Detailed Birth Certificate</th>
<th>Certified Copy of Live Birth Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of the Individual</td>
<td>The same information that</td>
<td>The information that appears on the</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>appears on a Standard Birth</td>
<td>original (legal) Registration of Birth.</td>
</tr>
<tr>
<td>Place of Birth</td>
<td>Certificate, and also Parent</td>
<td>It is a photocopy of the registration</td>
</tr>
<tr>
<td>Sex</td>
<td>information (if contained</td>
<td>onto certified copy paper.</td>
</tr>
<tr>
<td>Registration Number</td>
<td>on registration):</td>
<td>Note: These are most commonly</td>
</tr>
<tr>
<td>Date of Registration</td>
<td>Mother’s Name and her Place</td>
<td>required for international purposes.</td>
</tr>
<tr>
<td>Date certificate is issued</td>
<td>of Birth</td>
<td>Certified copies are not used for</td>
</tr>
<tr>
<td></td>
<td>Father’s Name and his Place</td>
<td>identification: they do not</td>
</tr>
<tr>
<td></td>
<td>of Birth</td>
<td>substitute as a birth certificate.</td>
</tr>
</tbody>
</table>

TO AVOID DELAY:
- Ensure that you are authorized to make the request (see front of form)
- Complete the application in full (PLEASE PRINT)
- Enclose the correct fee (Canadian Funds)
- Ensure that your phone number and address are correct and clear
- Ensure all given names of parents are included (initials not acceptable)

FEES: Every person who submits an application for service must pay the prescribed fee at the time of request.

(a) Birth - Standard $25
(b) Birth - Detailed $35
(c) Certified Copy of Birth Registration $35
(d) Expedited Service (2 business days) $50 (does not include certificate or courier fees)
(e) Emergency Service (same day) $100 (does not include certificate fee)

*Post-dated cheques are not accepted. An additional $30 fee will be charged for NSF cheques.

TYPE OF SERVICE:

<table>
<thead>
<tr>
<th>Regular Service</th>
<th>Expedited Service (Certificates Only)</th>
<th>Emergency Service (Certificates Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processing time: Varies (generally 10-15 business days)</td>
<td>Processing time: 2 business days</td>
<td>Processing time: Same day of request (minimum two hours’ notice required) or less than two business days</td>
</tr>
<tr>
<td>Delivery method options:</td>
<td>Delivery method options:</td>
<td>Delivery method: Pick up Only (Montague)</td>
</tr>
<tr>
<td>- Regular mail*</td>
<td>- *Pick up at 126 Douses Road, Montague (Monday through Friday)</td>
<td></td>
</tr>
<tr>
<td>- Courier (at client request and expense)</td>
<td>- Courier (at client request and expense)</td>
<td></td>
</tr>
<tr>
<td>*The Vital Statistics Office is not responsible for delays or lost items by Canada Post.</td>
<td>- Regular mail</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Documents not picked up on the date specified (where prior arrangements have not been made) will be placed in regular mail the following day.</td>
<td></td>
</tr>
</tbody>
</table>

(EC674/09; 149/14; 470/16)
**FORM 11.1**

APPLICATION FOR PRINCE EDWARD ISLAND MARRIAGE & DEATH RECORDS

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

**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, section 32, as applicable, to fulfil 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.

Your request can only be processed if this application is complete, the information provided agrees with our records, and the event is registered.

**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 this request. This contact information will be used for all correspondence and delivery purposes.

<table>
<thead>
<tr>
<th>SURNAME:</th>
<th>GIVEN NAMES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY, PROVINCE, STATE, COUNTRY POSTAL CODE</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAYTIME PHONE (include area code):</th>
<th>EMAIL ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AUTHORITY TO OBTAIN MARRIAGE CERTIFICATE OR COPY OF MARRIAGE REGISTRATION:**

- [ ] Applicant is a party to the marriage to which the certificate or registration applies
- [ ] Written authorization of a party to the marriage
- [ ] Applicant is a lawyer acting for or a legal representative of a party to the marriage
- [ ] Applicant is a public officer who requires the certificate or registration for the purpose of discharging official duties
- [ ] Court order
- [ ] Written authorization of Minister

**AUTHORITY TO OBTAIN DEATH CERTIFICATE WITH CAUSE OF DEATH OR COPY OF DEATH REGISTRATION:**

- [ ] Applicant is a parent, sibling, spouse or adult child of the deceased
- [ ] Applicant is a public officer who requires the certificate or registration for the purpose of discharging official duties
- [ ] Written authorization of Minister

* Any person may obtain a death certificate that does not show the cause of death

**WRITTEN AUTHORIZATION:**

For the purposes of giving written authorization to an applicant in respect of a marriage certificate or a copy of a marriage registration, a party to the marriage may use this section OR provide a signed letter of authorization to be attached to this application:

I _______________________________________________ authorize my marriage certificate or a copy of my marriage registration to be issued to the applicant stated above.

_______________________________________________
Signature of party named on marriage certificate

______________________________ ____________________
Date of APPLICATION (Month/Day/Year)
### Certificate or Registration Information

#### Marriage Information (if applicable)

<table>
<thead>
<tr>
<th>Surname Before Marriage</th>
<th>All Given Names</th>
<th>Male/Female</th>
<th>Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MALE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEMALE</td>
<td></td>
</tr>
</tbody>
</table>

#### Death/Stillbirth Information (if applicable)

<table>
<thead>
<tr>
<th>Surname Deceased</th>
<th>All Given Names</th>
<th>Male/Female</th>
<th>Date of Birth</th>
<th>Usual Residence Prior To Death:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEMALE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Date of Marriage

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

#### Place of Marriage

City/Town: Prince Edward Island

### Administrative Information

#### Type of Product Requested:

- Detailed Marriage Certificate: $35
- Death Certificate: $35
- Death Certificate With Cause: $50
- Certified Copy of Registration of Marriage (Not a certificate): $35
- Certified Copy of Registration of Death: $35
- Certified Copy of Registration of Stillbirth: $35

#### Special Service Requested (Certificates Only):

- Expedited Service (2 business days + delivery time): $50
- Emergency Service (same day - pick up only): $100

#### Method of Delivery Requested:

- Pick up Montague (expedited or emergency service only): $10
- Regular Mail (free of charge)
- Courier: PEI, NS, and NB: $10
- Courier: All other Canadian destinations: $20
- Courier outside Canada, please contact Vital Statistics to make arrangements: (902) 838-0880 or toll-free (in Canada) 1-877-320-1253.

### Payment

Payment Method: CANADIAN FUNDS ONLY

- Cash (In person only)
- Debit Card (In person only)
- Cheque or Money Order (Payable to PEI Vital Statistics)
- MasterCard or Visa:  I authorize Vital Statistics to charge my credit card: $______________ Credit Card Number _______________
  Expiry: Month_________ Year_______
  Cardholder’s Name (please print) _______________________________________
  Cardholder’s Signature _____________________________________________

Post-dated cheques are not accepted. An additional $30 will be charged for NSF cheques.

Completed_________________ Receipt # _____________
Reg #____________________________ Certificate #____________________________
Issue Date_________________________
IMPORTANT INFORMATION

Certificates and Copies of Registrations can only be issued for events (marriage, death) that occurred in P.E.I.

INFORMATION PROVIDED ON DOCUMENTS:

<table>
<thead>
<tr>
<th>Marriage Certificate</th>
<th>Death Certificate (with and without cause)</th>
<th>Marriage/Death Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Persons who married</td>
<td>Name of Deceased</td>
<td>The information that appears on the original (legal) Registration of Marriage/Death (cause of death not included). It is a photocopy of the registration on certified copy paper.</td>
</tr>
<tr>
<td>Place of Birth (both)</td>
<td>Date of Death</td>
<td>Not intended for identification: it does not substitute as a certificate.</td>
</tr>
<tr>
<td>Date of Marriage</td>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Place of Marriage</td>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Registration Number</td>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Date of Registration</td>
<td>Registration Number</td>
<td></td>
</tr>
<tr>
<td>Date of Issue</td>
<td>Date of Registration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of Issue</td>
<td></td>
</tr>
</tbody>
</table>

TO AVOID DELAY:
- Ensure that you are authorized to make the request (see front of form)
- Complete the appropriate sections in full (PLEASE PRINT)
- Enclose the correct fee (Canadian Funds)
- Ensure that your phone number and address are correct and clear

FEES: Every person who submits an application for service must pay the prescribed fee at the time of request.

(a) Marriage Certificate $35
(b) Certified Copy of Marriage Registration $35
(c) Death Certificate $35
(d) Death Certificate with Cause $50
(e) Certified Copy of Death Registration $35 (does not include cause of death)
(f) Certified Copy of Stillbirth Registration $35
(g) Expedited Service (2 business days) $50 (does not include certificate or courier fee)
(h) Emergency Service (same day) $100 (does not include certificate)

*Post-dated cheques are not accepted. An additional $30 fee will be charged for NSF cheques.

TYPE OF SERVICE:

<table>
<thead>
<tr>
<th>Regular Service</th>
<th>Expedited Service (Certificates Only)</th>
<th>Emergency Service (Certificates Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processing time: Varies (generally 10-15 business days)</td>
<td>Processing time: 2 business days</td>
<td>Processing time: Same day of request (minimum two hours' notice required)</td>
</tr>
<tr>
<td>Delivery method options:</td>
<td>Delivery method options:</td>
<td>Delivery method:</td>
</tr>
<tr>
<td>- Regular mail*</td>
<td>- Pick up at 126 Douses Road, Montague (Monday through Friday)</td>
<td>Pick up Only (Montague)</td>
</tr>
<tr>
<td>- Courier (at client request and expense)</td>
<td>- Courier (at client request and expense)</td>
<td></td>
</tr>
<tr>
<td>*The Vital Statistics Office is not responsible for delays or lost items by Canada Post.</td>
<td>*Documents not picked up on the date specified (where prior arrangements have not been made) will be placed in regular mail the following day.</td>
<td></td>
</tr>
</tbody>
</table>

(EC149/14;470/16)
FORM 12
BIRTH CERTIFICATE - WALLET (SHORT)
[Subsection 32(1) of the Vital Statistics Act]

<table>
<thead>
<tr>
<th>CANADA</th>
<th>VITAL STATISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCE EDWARD ISLAND</td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATE OF BIRTH

NAME ..............................................................................................................................

BIRTH DATE................................. SEX.......... REGISTRATION NO. ...............  
Month  Day  Year

BIRTH PLACE ..............................................................................................................

DATE ISSUED ...............................................................................................................  

REGISTRATION DATE ....................................................................................................

CERTIFIED EXTRACT FROM A RECORD OF BIRTH ON FILE IN THE OFFICE OF
THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD ISLAND, CANADA

..............................................................................................................................

DIRECTOR OF VITAL STATISTICS
FORM 13
BIRTH CERTIFICATE - FRAMING (LONG)
[Subsections 32(1) and (2) of the Vital Statistics Act]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

CERTIFICATE OF BIRTH

This is to certify that the information in this certificate is a true and correct extract from a record of birth on file in the office of the Director of Vital Statistics of Prince Edward Island, Canada.

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Month Day Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Name of Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>His Birthplace</td>
<td>Name of Mother (before marriage)</td>
</tr>
<tr>
<td>Her Birthplace</td>
<td>Registered at</td>
</tr>
</tbody>
</table>

Date of Registration
Registration No.
Date of Issue

Director of Vital Statistics

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Name of Person</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Month Day Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Name of Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>His Birthplace</td>
<td>Name of Mother (before marriage)</td>
</tr>
<tr>
<td>Her Birthplace</td>
<td>Registered at</td>
</tr>
</tbody>
</table>

Date of Registration
Registration No.
Date of Issue

Director of Vital Statistics
FORM 14
CERTIFICATE OF REGISTRATION OF MARRIAGE - WALLET (SHORT)
[Subsection 32(1) of the Vital Statistics Act]

CANADA VITAL STATISTICS
PRINCE EDWARD ISLAND

CERTIFICATE OF MARRIAGE

SPOUSE 1

SPOUSE 2

DATE OF MARRIAGE

REGISTRATION No.

PLACE OF MARRIAGE

DATE ISSUED

CERTIFIED EXTRACT FROM A RECORD OF MARRIAGE ON FILE IN THE OFFICE
OF THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD ISLAND,
CANADA

DIRECTOR OF VITAL STATISTICS

(EC460/05)
FORM 15
CERTIFICATE OF REGISTRATION OF MARRIAGE - FRAMING (LONG)
[Subsection 32(1) of the Vital Statistics Act]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

CERTIFICATE OF REGISTRATION OF MARRIAGE

Name of Spouse 1 ...................................................................................................................................................
Place of Birth ..........................................................................................................................................................
Name of Spouse 2 ..................................................................................................................................................
Place of Birth ..........................................................................................................................................................
Date of Marriage ...................................................................................................................................................
Place of Marriage ...................................................................................................................................................
Registration Date ..................................................................................................................................................
Registration No. ..................................................................................................................................................
Date Issued..........................................................................................................................................................

CERTIFIED EXTRACT FROM A RECORD OF MARRIAGE ON FILE IN THE OFFICE OF THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD ISLAND, CANADA

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DIRECTOR OF VITAL STATISTICS

(EC460/05)
FORM 16
CERTIFICATE OF REGISTRATION OF DEATH
[Subsection 32(5) of the Vital Statistics Act]

CANADA VITAL STATISTICS
PRINCE EDWARD ISLAND

CERTIFICATE OF REGISTRATION OF DEATH

Name of Deceased .................................................................
Date of Death................................................................., Sex.............. Age..............
Place of Death ........................................................................
Marital Status ...........................................................................
Regular Residence ....................................................................
Date of Registration........................................................., Registration No. .................
Date Issued ..............................................................................

CERTIFIED EXTRACT FROM A REGISTRATION OF DEATH ON FILE IN THE
OFFICE OF THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD
ISLAND, CANADA

.................................................................
DIRECTOR OF VITAL STATISTICS
FORM 17
CERTIFICATE OF REGISTRATION OF STILLBIRTH
[Subsections 32(2) and (5) of the Vital Statistics Act]

CANADA
PRINCE EDWARD ISLAND

CERTIFICATE OF REGISTRATION OF STILLBIRTH

Name of Child ..........................................................................................................................
Parent/s ...................................................................................................................................
Date of Stillbirth........................................... Sex of child .....................................................
Place of Stillbirth....................................................................................................................
Date of Registration..................................... Registration No. ..............................................
Date Issued..............................................................................................................................

CERTIFIED EXTRACT FROM A REGISTRATION OF STILLBIRTH ON FILE IN THE
OFFICE OF THE DIRECTOR OF VITAL STATISTICS OF PRINCE EDWARD
ISLAND, CANADA

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DIRECTOR OF VITAL STATISTICS

(EC629/05; 674/09)