



**VSA - FORM 4**  
**APPLICATION FOR (PEI) DELAYED REGISTRATION OF BIRTH, MARRIAGE OR DEATH**

**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](mailto:vsmontague@gov.pe.ca)  
[www.gov.pe.ca/vitalstatistics](http://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 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**

<b>“Applicant”</b> is the person who is completing this request. As <b>“Applicant”</b> 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:
Connection with event/person to be registered:	

**INFORMATION ABOUT THE EVENT TO BE REGISTERED**

Type of Event to be registered:	<input type="checkbox"/> Birth	<input type="checkbox"/> Marriage	<input type="checkbox"/> Death
Date of Birth/Marriage/Death:	Month (ex: Feb.)	Day	Year
	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name of person to be registered			
Surname:	Given Name:	Middle Name(s):	
Explain why this registration did not get made when it occurred?			

**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 *VS Act Regulations*) must also be provided.

<p align="center"><b>BIRTH</b></p> <p>(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</p> <p><small>* Additional information and requirements noted under Vital Statistics Act Regulations, Section 1.</small></p>	<p align="center"><b>MARRIAGE</b></p> <p>(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</p>	<p align="center"><b>DEATH</b></p> <p>(a) a church record, record from 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</p>
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**FEE: \$25** Fee must accompany the application

<b>Payment</b>	Payment Method: <i>CANADIAN FUNDS ONLY</i>	
	<input type="checkbox"/> Cash (In person only)	<input type="checkbox"/> Debit Card (In person only)
	<input type="checkbox"/> Cheque or Money Order (Payable to: Minister of Finance, Energy & Municipal Affairs)	
	<input type="checkbox"/> 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 _____
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