VSA - FORM 10.1
APPLICATION FOR A SEARCH OF RECORD - PEI

VITAL STATISTICS REGISTRY
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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 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
DAY TIME PHONE (INCLUDING AREA CODE)	EMAIL ADDRESS:
SIGNATURE OF APPLICANT: (written)	DATE- Month/Day/Year

SEARCH REQUEST:

The results of any search requested 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.
(For Confirmation of Non-Marriage searches please mark N/A in the spaces that do not apply).

LAST NAME ON RECORD: First Given Name Middle Names:			❑ MALE ❑ FEMALE
DATE & PLACE OF EVENT	Month (ex: Feb.) Day Year	City/Town	Province/Country: Prince Edward Island
MOTHER'S SURNAME (BEFORE MARRIAGE):	FIRST NAME:	MIDDLE NAME(S)	
FATHER'S/OTHER PARENT'S SURNAME: (IF STATED ON REGISTRATION, IF NOT ENTER N/A)	FIRST NAME:	MIDDLE NAME(S)	
Search Dates: _____ to _____			

FEES MUST ACCOMPANY THE APPLICATION **SEARCH FEE: $20** for every 3 years (or part thereof)

Delivery

❑ Pick Up (Montague office only) ❑ Regular Mail (free of charge)

Courier Options: ❑ PEI, NS, and NB $10 ❑ All other Canadian Destinations $20

* For courier outside of Canada please contact the Vital Statistics Office 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: Minister of Finance, Energy & 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 _____