



PLEASE NOTE

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This document is *not* the official version of these regulations. The regulations and the amendments printed in the [Royal Gazette](#) should be consulted to determine the authoritative text of these regulations.

For more information concerning the history of these regulations, please see the [Table of Regulations](#).

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

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CHAPTER V-4.1
VITAL STATISTICS ACT
REGULATIONS

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. (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: Evidence for delayed birth registration

- (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.

(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 Records include

- (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. (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: Evidence for given name change

- (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.

(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. (EC453/00) Records include

3. 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: Evidence for delayed marriage registration

- (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.
(EC453/00; 460/05)

Evidence for
delayed death
registration

4. (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. (EC453/00)

Disclosure of
identifying
information

5. (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;
- (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)

Forms

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

Fees

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

REFERENCE - Vital Statistics Act R.S.P.E.I. 1988, Cap.V-4.1

	FEE
3(5) (a) amending statement of birth	\$25
7, 17, 23 (b) delayed registration of birth, marriage, or death	\$10
9(1) (c) altering or adding given name in a birth registration	\$25
10 (d) recording statutory change of name, or notifying other jurisdiction	\$25
31 (e) searching records - for every period spanning up to three years.....	\$10
32(1) (f) birth certificate - wallet size (short).....	\$25
32(1),(2) (g) birth certificate - framing size (long)	\$35
32(1) (h) certificate of registration of marriage - wallet size (short)	\$25
32(1) (i) certificate of registration of marriage - framing size (long)	\$35
32(3) (j) copy of registration of birth	\$30
32(4) (k) copy of registration of marriage	\$30
32(5) (l) certificate of registration of death	\$30
No additional charge for disclosure of cause	
32(6) (m) certificate of registration of stillbirth	\$30
32(7) (n) copy of registration of death or stillbirth	\$30
32(13) (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	\$10
(p) rush certificates (out of province)	\$25
(p.1) rush certificate (in province)	\$7.50
(q) change of name notification (out of province).....	\$25

(2) The Director may waive or modify any fee as the Director considers appropriate. (EC453/00; 210/01; 220/04) Fee waiver

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
Month Day Year

Place of birth
Geographic placename 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)

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 by or unknown to the mother.
- (4) If only 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 applied on the reverse side of this form for a 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 enclosed Service Canada insert or information can be obtained at www.servicecanada.gc.ca.

CANADA CHILD BENEFITS APPLICATION

If you applied on the reverse side of this form for the Canada Child Tax Benefit, the Universal Child Care Benefit, the Goods and Services Tax/Harmonized Sales Tax Credit and for any provincial 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 primary 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 *Privacy Act R.S., 1985, c.P-21*.

8-2000-201:1998-01-05

(EC674/09; 212/12)

FORM 3
APPLICATION TO AMEND STATEMENT OF BIRTH
[Subsection 3(3) of the *Vital Statistics Act*]

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

Name of child in
Statement of Birth
Surname Given names
Date of Birth..... Sex.....
Month Day Year

WHAT IS TO BE CHANGED?
.....
.....
.....

Why should this/these change(s) be made?
.....
.....
.....

Date.....

APPLICANTS

Mother's name Signature
Father's/Other Parent's nameSignature

Attach statutory declaration if only one parent is applying [Subsection 3(4)]

An amendment to add the particulars of the father/other parent can be made only if

- (a) the father/other parent and mother apply jointly - [s. 3(3) of the Act]; or
- (b) parentage has been established - [s. 3(5) of the Act].

(EC674/09)

FORM 5
STATEMENT OF STILLBIRTH
[Section 11 of the *Vital Statistics Act*]

Province of Prince Edward Island (Canada)
Vital Statistics

Statement of
Stillbirth

Registration No. (Office use only)

Child

1. Surname (print or type) _____ Given names (if any) _____ Sex Male Female 3. Month, day, year of birth _____ 4. Kind of birth—single, twin, other (specify) _____ 5. Number of stillborn in this event _____ 6. If twin, or other, was child born first, 2nd, 3rd _____

Place of birth

7. Name of hospital (if not in hospital give exact location where birth occurred) _____ City, town, village, or other place (by name) _____ County _____ Postal code _____

Mother's usual residence

8. Complete street address. If rural give exact location (not P.O. or RR address) _____ City, town or other place (by name) _____ County _____ Province (or country) _____ Postal code _____

Other birth particulars

9. Duration of pregnancy (in completed weeks) _____ 10. Number of children ever born to this mother (including this birth) _____ 11. Weight of child at birth _____ 12. Are the parents married to each other? (State Yes or No) _____ 13. If the parents are not married to each other state whether mother is single, married, widowed, or divorced, separated, unknown _____

14. Was this child conceived as a result of Assisted Conception? Yes No 15. Any obvious congenital malformations in child? Yes No

Father/Other Parent

16. Surname of child's father/other parent (print or type) _____ Given names _____ Provincial Health Number _____ 33. Date of stillbirth: month (by name), day, year _____

Birthplace

17. City or other place _____ Province (or country) _____ 34. Cause of stillbirth

Birthdate

18. Month (by name), day, year of birth _____ 19. Age (at time of this birth) _____

Mother

20. Maiden surname of child's mother (print or type) _____ Given names _____ Provincial Health Number _____

Birthplace

21. City or other place _____ Province (or country) _____

Birthdate

22. Month (by name), day, year of birth _____ 23. Age (at time of this birth) _____

Mailing address of mother

24. Complete mailing address (if different from item 7) _____

Signature of informant

25. Signature of parent (or other informant) _____ X _____ 35. Autopsy was held? Yes No Unknown 36. Does the cause of stillbirth stated above take account of autopsy findings? Yes No Unknown 37. May further information relating to the cause of stillbirth be available later? Yes No Unknown

26. Address (if other informant) _____ 38. Manipulative, instrumental or other operative procedure for delivery? Yes No Unknown Was foetus dead before each procedure? Yes No Unknown

27. Relationship to child _____ 28. Date signed (month, day, year) _____ 39. Nature of procedure (low, middle or high forceps, version and extraction, caesarian section, craniotomy, etc.) _____

Items 29-32 to be completed by the funeral director

29. Burial, cremation or other disposition (specify) _____ 30. Date of burial or disposition: Month (by name), day, year _____ 43. Designation: Attending physician Coroner Other Date certified: Month (by name), day, year _____

31. Name and address of cemetery, crematorium or place of disposition _____ I certify this return was accepted by me on this date _____ at _____ P.E.I. _____

32. Name and address of funeral director (or person in charge of remains) _____

44. Name of physician or coroner (print or type) _____ Address _____

Record No. _____ Date: Month (by name), day, year _____ Signature of District Registrar _____

See reverse side for instructions

2-220-04.1-1999-01-05

Form 5

This form is a replacement for Form 5 (Stillbirth) and Form 5 (Stillbirth) (English) and Form 5 (Stillbirth) (French). It is to be used for stillbirths occurring between 20 and 36 weeks of gestation.

Extracts from "Vital Statistics Act"

"Stillbirth" means the complete expulsion or extraction from its mother, after at least 20 weeks' pregnancy or after attaining a weight of at least 500 grams, of a product of conception in which, after such expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle.

11. (1) Where a stillbirth occurs, the person who would have been responsible for the registration thereof as provided in section 3, if it had been a birth, shall complete and provide to the funeral director a statement in the prescribed form respecting the stillbirth.
- (3) Upon receipt of the statement, the funeral director shall complete the statement setting forth the proposed date and place of burial, cremation or other disposition of the body and shall provide the statement to the division registrar.

Instructions

In case of more than one stillborn child at a birth, a separate return must be made for each, and the number of each, in order of birth, stated.

- (1) Name of Child – In place of the given name the word "Stillbirth" may be printed.
- (15) Name of Father/Other Parent – In the case of the parents not being married, the name of the father/other parent shall not appear on the certificate unless accompanied by his/her and the mother's written request.
- (33) Physician's Statement of Cause of Stillbirth – The morbid conditions relating to stillbirth are divided into two groups. In Part I are those causally related to the "Immediate Cause" and the Antecedent causes, and in Part II those not so related. In most cases a statement of cause under Part I will suffice. When it is necessary to record more than one entry these should be stated in order so as to indicate their mutual relationship.
- (a) Name first the "Immediate Cause" of stillbirth, i.e. the foetal disease, injury or complication which caused the stillbirth. Avoid the use of such terms as "Prematurity", "Birth Injury", "Cerebral Haemorrhage", "Asphyxia", etc., alone without stating, if possible, the primary factor responsible for these conditions.
- (b) Then give the antecedent causes, i.e. the foetal and/or maternal conditions (if any) of which the immediate cause was the consequence, in order of causal relationship, stating the most recent one first and then others in order. Also check off whether the reported condition was a 'foetal' or 'maternal' condition.
- (c) Part II should be reserved for "other important contributory morbid conditions", particularly when the stillbirth was due to a combination of conditions none of which would have been fatal alone. Here too, check off whether 'foetal' or 'maternal'.
- (d) Use accepted terms for morbid conditions and never record mere symptoms only.

The following examples illustrate the essential principles in the use of the form.

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

30. Cause of stillbirth	Example 1		Example 2		Example 3	
		F M		F M		F M
Part I Immediate cause – Foetal disease or condition directly leading to stillbirth	(a) Cerebral haemorrhage due to		(a) Excessive cranial stress (foetal asphyxia) due to		(a) Foetal anaeriosis due to	
Antecedent causes – Foetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) Dystocia	<input checked="" type="checkbox"/> <input type="checkbox"/>	(b) Dystocia due to	<input type="checkbox"/> <input checked="" type="checkbox"/>	(b) Relative placental insufficiency due to	<input type="checkbox"/> <input checked="" type="checkbox"/>
	(c) Hydrocephalus	<input checked="" type="checkbox"/> <input type="checkbox"/>	(c) Contracted pelvis	<input type="checkbox"/> <input checked="" type="checkbox"/>	(c) Maternal nephritic toxæmia	<input type="checkbox"/> <input checked="" type="checkbox"/>
Part II Other significant conditions of foetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above	_____	<input type="checkbox"/> <input type="checkbox"/>	Relative placental insufficiency; infarction and degeneration of placenta	<input type="checkbox"/> <input checked="" type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
	_____	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>

8-2300-54.1: 1998-01-05

(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

PLACE OF MARRIAGE	1. Name of church or address where marriage was solemnized _____ City, town, village or other place (by name) County	
DATE OF MARRIAGE	2. _____ Month (by name), day, year of marriage	3. Registration No.
NAME	Spouse 1 Provincial Health Number _____ 4. Surname (print or type) _____ All given names	Spouse 2 Provincial Health Number _____ 16. Surname (print or type) _____ All given names
MARITAL STATUS	5. <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	17. <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
RELIGION	6. Religion denomination	18. Religion denomination
BIRTHDATE	7. Month (by name), day year of birth _____ 8. Sex _____ 9. Age _____	19. Month (by name), day year of birth _____ 20. Sex _____ 21. Age _____
BIRTHPLACE	10. City, town, or other place, province (or country) of birth	22. City, town, or other place, province (or country) of birth
RESIDENCE before marriage	11. Complete street address, if rural exact location _____ City, town or other place, country, province (or country), postal code	23. Complete street address, if rural exact location _____ City, town or other place, country, province (or country), postal code
PARENT 1	12. Surname at birth and given names of Parent 1 (type or print) _____ 13. BIRTHPLACE-City, town or place, province (or country)	24. Surname at birth and given names of Parent 1 (type or print) _____ 25. BIRTHPLACE-City, town or place, province (or country)
PARENT 2	14. Surname at birth and given names of Parent 2 (type or print) _____ 15. BIRTHPLACE-City, town or place, province (or country)	26. Surname at birth and given names of Parent 2 (type or print) _____ 27. BIRTHPLACE-City, town or place, province (or country)
	28. Signature of Spouse 1	29. Signature of Spouse 2

SIGNATURES	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 _____ <input type="checkbox"/> Clergy <input type="checkbox"/> 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 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 11
APPLICATION FOR CERTIFICATE OR COPY OF A REGISTRATION
[Section 32 of the *Vital Statistics Act*]

Form 11
P.E.I. Vital Statistics, Dept. of Health
P.O. Box 3000, Montague, PE C0A 1R0
Telephone: (902) 838-0880 Fax: (902) 838-0883

APPLICATION FOR SERVICE
(Section 32 of Act)

Name of Applicant: Method of payment: (must accompany application):
Cash Cheque Visa Mastercard
Mailing Address: Card #
City/Province: Postal/Zip Code: Exp. Date
Signature Phone: (H) (W)
Relationship to person named on certificate:
Specific reason certificate is required:

If birth certificate required, complete this section (PLEASE PRINT)

Last name at Birth: 1st Given Name:
2nd Given Name: Male
Other Given Names: Female
Date of Birth:/...../.....
Month (written out) day year
Place of birth (city, town or village), PRINCE EDWARD ISLAND
Surname of Mother (At Her Birth): Given Name(s):
Birthplace:
Surname of 2nd Parent (At Birth): Given Name(s):
Birthplace:
Type: Standard Long Form / Regular Service Rush Service

If marriage certificate required, complete this section (PLEASE PRINT)

Last name of spouse: Given Name(s):
Birthplace:
Last name of spouse: Given Name(s):
Birthplace:
Date of marriage:/...../.....
Month (written out) day year
Place of marriage (city, town or village), PRINCE EDWARD ISLAND
Type: Standard Long Form / Regular Service Rush Service

If death certificate(s) required, complete this section (PLEASE PRINT)

Surname of deceased: Given Name(s):
 Male
 Date of death:/...../..... Female
 Age: Date of birth/...../.....
 Month (written out) day year
 Place of death: PRINCE EDWARD ISLAND
 Usual Residence prior to death:
 Marital Status: Single Married Widow Divorced
 Type: Certificate of Death / Regular Service Rush Service

X
 Signature of applicant Date of application

FOR OFFICE USE ONLY
 Receipt No. Invoice No. Certificate typed by:
 Date Issued:
 Registration Date: Registration No. Certificate No.
 Fee Chg'd

IMPORTANT INFORMATION

Certificates can only be issued for births, marriages, and deaths which occurred in P.E.I.

WHO CAN APPLY FOR CERTIFICATE:

BIRTH CERTIFICATES:

- Person named on the certificate
- A parent whose name appears on the registration from which the certificates is to be issued
- A person authorized in writing by the person named on the certificate, or the parents of the person named on the certificate
- A court order
- A lawyer authorized in writing to act for the person, parents or spouse named on the certificate
- Long form birth certificates can only be issued to the person named on the certificate or to the parents of that person
- Long form birth certificates contain parent(s) name(s) on document

MARRIAGE CERTIFICATES:

- Person named in the certificate
- A spouse whose name appears on the registration from which the certificate is to be issued
- A person on the authorization in writing of the person named on the certificate or spouse of the person named on the certificate
- A lawyer (authorized in writing) acting for the person(s) named on the certificate
- A court order

DEATH CERTIFICATES:

The following may apply for a death certificate:

- Any person furnishing information satisfactory to the Director, may obtain a certificate in the prescribed form in respect of the registration of death
- No certificate issued shall disclose the cause of death

TO AVOID DELAY:

- Complete the appropriate section in full (PLEASE PRINT)
- Ensure that you are authorized to make the request
- Enclose the correct fee by cheque, money order, visa or Mastercard (Canadian Funds)
- Ensure that your phone number and address are correct and clear
- Ensure **ALL** given names of parents are included (initials are not acceptable)
- If required immediately, **48 hour Rush Service for Printing** is available (Does Not Include Delivery Time)
- Certificate **can be couriered at Applicant's expense**

FEES: Birth – Standard Size	- \$25.00	Marriage – Standard Size	- \$25.00
Birth – Long Form	- \$35.00	Marriage – Long Form	- \$35.00
Death Certificate	- \$30.00		
Searches: \$10.00 for every three years of search			
Rush Service: \$25.00 (Does not include Courier Fees)			

Mailing Address:

**Vital Statistics
PO Box 3000, Montague, PE COA 1R0
Telephone: (902) 838-0880 Fax: (902) 838-0883
Toll Free within the Province: (877) 320-1253**

Make cheque/money order payable to Vital Statistics P.E.I.

(EC674/09)

FORM 12
BIRTH CERTIFICATE - WALLET (SHORT)
[Subsection 32(1) of the *Vital Statistics Act*]

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

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.

Name of Person Sex

Date of Birth
Month Day Year

Place of Birth....., Prince Edward Island

Name of Father

His Birthplace.....

Name of Mother (before marriage)

Her Birthplace

Registered at....., P.E.I.

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
PRINCE EDWARD ISLAND

VITAL STATISTICS

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

.....
DIRECTOR OF VITAL STATISTICS

(EC460/05)

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

CANADA
PRINCE EDWARD ISLAND

VITAL STATISTICS

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

VITAL STATISTICS

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

.....
DIRECTOR OF VITAL STATISTICS

(EC629/05; 674/09)