

## Who can apply for Vital Statistics' documents?

The areas below show who is eligible, as there are restrictions.

### Certified Certificates and / or Photocopies of a Registration

Birth	Marriage	Death
<ul style="list-style-type: none"> <li>The <b>person</b> whose name is on the birth registration.</li> <li>The <b>parent(s)*</b> of the person whose birth is registered as established by registration documents or by court documents.</li> <li>A <b>guardian, trustee</b>, or person with <b>custody</b> or <b>power of attorney</b> for the person whose birth is registered as established by court documents. Proof is required.</li> <li>Any person with written <b>authorization from</b> the person whose birth is registered or from the <b>parents*</b> of the person whose birth is registered.</li> <li>Any person with an <b>order from the court</b>. Court document is required.</li> <li>A person <b>adopting a child</b> may apply for that child's biological birth certificate. Proof of a pending adoption is required.</li> <li>The <b>legal representative for an eligible applicant</b> or a legal representative who requires it for official duties. Proof of occupation is required (e.g. business cards, etc).</li> <li>Any person who requires it to comply with another enactment. Proof is required.</li> <li>Any <b>adult next-of-kin** of a person</b> whose birth is registered when that person is deceased. (Common-law is included as next-of-kin).</li> <li>The <b>executor of a person's estate</b>, when the person whose birth is registered is deceased. Proof is required.</li> <li>When the person whose birth is registered is deceased and there are no eligible applicants, an <b>offspring of a deceased next-of-kin**</b> may apply.</li> <li>An <b>Ex-spouse</b> of the person named on the birth registration is only eligible to obtain a "Confirmation Letter" verifying birth details.</li> </ul>	<ul style="list-style-type: none"> <li>A party to the marriage whose name is on the marriage registration.</li> <li>Any person with <b>written authorization</b> from a person whose marriage is registered.</li> <li>The <b>legal representative for an eligible applicant</b> or a legal representative who requires it for official duties. Proof of occupation is required (e.g. business cards, etc).</li> <li>Any person with an <b>order from the court</b>. Court document required.</li> <li>A <b>guardian, trustee</b> or person with <b>power of attorney</b>, for a person whose marriage is registered as established by court documents. Proof is required.</li> <li>When a party to the marriage is deceased, their <b>adult next-of-kin**</b> may apply.</li> <li>The <b>executor</b> of an estate when either party to the marriage is deceased. Proof is required.</li> <li>When <b>both</b> parties to the marriage are deceased and there are no eligible applicants, an <b>adult offspring of a deceased next-of-kin**</b> may apply.</li> </ul>	<ul style="list-style-type: none"> <li>Any <b>adult next-of-kin**</b> of the deceased person. (Common-law is included as next-of-kin).</li> <li>A <b>guardian, trustee</b>, or person with <b>custody</b> or <b>power of attorney</b> for the deceased person whose death is registered as established by court documents. Proof is required.</li> <li>Any person with <b>written authorization</b> from the person who is an <b>adult next-of-kin**</b> to the deceased person whose death is registered.</li> <li>The <b>legal representative for an eligible applicant</b> or a legal representative who requires it for official duties. Proof of occupation is required (e.g. business cards, etc).</li> <li>The <b>executor/administrator</b> of the deceased person's estate.</li> <li>A <b>funeral home representative</b> who is making, or has made, arrangements for the deceased person.</li> <li>An <b>organization that provides benefits</b> to the deceased persons' survivors or beneficiaries (e.g. insurance company, trust company, financial institution).</li> <li>Any person with an <b>order from the court</b>. Court document required.</li> <li>An <b>Ex-spouse</b> of the deceased, at the discretion of the Registrar of Vital Statistics.</li> </ul>

### Photocopy of Stillbirth, Medical Certificates of Death & Medical Certificates of Stillbirth

- Only adult next-of-kin\*\* may apply. Proof of relationship is required. (If a birth certificate is supplied it must show parentage.)

EXCEPTIONS			
<i>When a birth record is 100 years old or older, anyone may apply for that record.</i>	<i>When a marriage record is 75 years old or older, anyone may apply for that record.</i>	<i>When a death record is 50 years old or older, anyone may apply for that record.</i>	<i>When a stillbirth record is 75 years old or older, anyone may apply for that record</i>

\* **Parent(s)**: the name(s) shown on the legal *Registration of Birth*, or as recognized by court documents.

\*\* **Next-of-kin**: Mother, father, brother, sister, children, spouse, or common-law spouse. This definition can be found in the Fatality Inquiries Act. This definition does not include in-laws, grand children, grandparents, step relatives, aunts, uncles, nieces or nephews. Persons who have been adopted are "next of kin" to their adoptive parents and siblings but not to their biological relations. Persons who have placed their child for adoption are not "next of kin" to that child.

### IMPORTANT INFORMATION TO AVOID DELAYS

- This application **must** be returned to a Registry Agent.
- The applicant **must** provide valid identification. (e.g. Driver's Licence, Birth Certificate, Passport, Citizenship Card.)
- Read all instructions carefully before filling in this form.
- Make sure you are eligible to apply - see the opposite page.
- Information must be as complete as possible. Attach a written explanation if you cannot provide the information required in the applicable section(s).
- If any relevant part of the application is left blank, it will be returned to you by mail for completion.
- If a record or event cannot be found, a search for a three-year period is carried out automatically and the applicant will be notified.

**PRINT CLEARLY - This information will be used to mail your documents. All areas of this section must be completed.**

Full Name of Applicant		Phone No. (during the day)	
Mailing Address Street		Apartment No.	
City / Town / Village		Province / Country	Postal / Zip Code
If Company, Attention of		Your Reference No. (if applicable)	
Reason Certificate Required			
State Your Relationship to Person Named on Certificate			
Signature of Applicant		Date Signed	

					Type	Quantity
<b>BIRTH</b>	Last Name (give <b>MAIDEN</b> name if certificate is for a married person)		Given Names		<input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Information Only
	Date of Birth	Place of Birth (city, town or village)	Name of Hospital Where Birth Occurred			Personal Information & Parentage
	Last Name of Father/Parent	Known by any Other Last Name	Given Names	Birthplace of Father/Parent		Photocopy of Registration
	Maiden Name of Mother/Parent	Known by any Other Last Name	Given Names	Birthplace of Mother/Parent		Search Letter

					Type	Quantity
<b>MARRIAGE</b>	Last Name of Spouse (prior to this marriage)		Given Names		<input type="checkbox"/> Male <input type="checkbox"/> Female	Certified Small
	Last Name of Spouse (prior to this marriage)		Given Names		<input type="checkbox"/> Male <input type="checkbox"/> Female	Certified Large
	Date of Marriage	Place of Marriage (city, town or village)				Photocopy of Registration
						Search Letter

					Type	Quantity
<b>DEATH</b>	Last Name of Deceased		Given Names		Age <input type="checkbox"/> Male <input type="checkbox"/> Female	Certified Large
	Date of Death	Place of Death (city, town or village)			Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Photocopy of Registration
	Usual Residence of Deceased Prior to Death (province / country)		Date of Birth			Medical Certificate (Restricted)
						Search Letter

					Type	Quantity
<b>STILLBIRTH</b>	Last Name		Given Names		<input type="checkbox"/> Male <input type="checkbox"/> Female	Photocopy of Registration
	Date of Stillbirth	Place of Stillbirth (city, town or village)	Name of Hospital Where Stillbirth Occurred			Medical Certificate (Restricted)
	Last Name of Father/Parent	Known by any Other Last Name	Given Names	Birthplace of Father/Parent		Search Letter
	Maiden Name of Mother/Parent	Known by any Other Last Name	Given Names	Birthplace of Mother/Parent		

**RETURN THIS APPLICATION TO YOUR NEAREST REGISTRY AGENT**

This information is being collected for the purposes of vital statistics records in accordance with the Vital Statistics Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7.