



Service Nova Scotia  
and Municipal Relations  
Vital Statistics

# Birth Certificate Application

Office Use Only - Our File #

## MAILING ADDRESS INFORMATION - Please Print

Surname		Given Names			
Mailing Address					
City	Province/State	Country	Postal Code		
Civic Address (If different than above)					
City	Province/State	Country	Postal Code		
Home Number	Work Number	Fax Number	E-mail address		

## BIRTH DETAILS - Use maiden name if married - include french symbols if applicable

Surname					
First Name			Middle Name(s)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Month	Day	Year	Place of Birth (City, Town, or Village)	Province <i>Nova Scotia</i>

## FATHER'S/OTHER PARENT'S DETAILS - If stated on Birth Record

Surname					
First Name			Middle Name(s)		
Birth Place - City, Town, or Village			Province/State	Country	

## MOTHER'S DETAILS - Use Mother's maiden surname (surname before marriage)

Surname					
First Name			Middle Name(s)		
Birth Place - City, Town, or Village			Province/State	Country	

## SERVICES REQUESTED - Please indicate if more than one copy is required

<input type="checkbox"/> Short Form: \$30.29 per certificate	<input type="checkbox"/> Certified copy: \$36.62 per document		
<input type="checkbox"/> Long Form: \$36.62 per certificate	<input type="checkbox"/> Courier Service: \$20.00		
<b>Payment Type</b>	<b>Submitted by</b>	<b>Credit Card</b>	<b>Submitted by</b>
<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail	<input type="checkbox"/> Visa <input type="checkbox"/> American Express	<input type="checkbox"/> Mail <input type="checkbox"/> In person
<input type="checkbox"/> Money Order	<input type="checkbox"/> In person	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Fax _____
<input type="checkbox"/> Credit Card - Complete credit card section on right		Credit Card Number _____	
<input type="checkbox"/> Interac/Cash payment may only be made in person at the counter		Name as shown on credit card _____	
		Expiry Date _____	
Your Signature _____		Cardholder Signature _____	

## YOUR RELATIONSHIP TO BIRTH EVENT

<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father/Other Parent	<input type="checkbox"/> Other - Please indicate relationship
Reason Certificate required			
Note: If above particulars are not completed in full, or if the correct payment per service requested is not enclosed, your request cannot be processed.			

## IMPORTANT INFORMATION

### To Avoid Delay

- Complete all sections **in full**. (All requests with incomplete information must be accompanied by a written explanation for the omission. If any portion of the relevant event information is left blank, the application will be returned for completion.)
- Be sure you are authorized to make the request (see Section 3 below)
- It is against postal regulations to send cash through the mail. Payment in Canadian funds should be forwarded by cheque, bank draft or money order made payable to the Minister of Finance.
- If you are paying by credit card, include the card number, expiry date, and the actual name of the cardholder that appears on the card. NOTE: Only Visa, MasterCard and American Express are accepted.
- Be sure your address and telephone number are correct and clear.

**1) Fees** - As noted for each requested copy on the front of this form.

### 2) Information provided

Certificates contain the following information:

- Short Form*: Full name, sex, date of birth, place of birth, registration date, registration number, and date issued.
- Long Form*: Full name, sex, date of birth, place of birth, registration date, registration number, date issued, names of parents, and birthplaces of parents.
- Certified Copy*: All the information which appears on the original registration, including full name, sex, date of birth, place of birth, registration date, registration number, date issued, names of parents, birthplaces of parents, plus other information, for example, the name of the person who assisted at the birth, birth weight, etc.

NOTE: Certified copies are generally only required for court purposes. They are not for use as identification.

### 3) Who qualifies to apply for a Birth Certificate

Birth certificates may be released to:

- You, if the record pertains to your own birth
- Parents of a child
- A lawyer who specifically indicates they are working on behalf of "a" or "b" above, or a person on the written authorization of "a" or "b" above
- The executor/executrix or trustee of an estate.
- Guardian (copy of guardianship papers must be attached to this application)

#### Other Services

Death and marriage certificates, legal change of name, domestic partnership registrations, and genealogy searches. To obtain an application for any of these services, please visit one of our offices, or contact us by telephone at 1-877-848-2578 or on the internet at: <http://www.gov.ns.ca/snsmr/vstat>

The information on this form is collected under the authority of the Vital Statistics Act (Revised Statutes of Nova Scotia 1989, chapter 494). The information provided will be used to fulfill the requirements of the Vital Statistics Act for the release of birth information. If you have any questions about the collection or use of this information, please contact Vital Statistics at 1-877-848-2578.

#### Mailing Address:

Vital Statistics  
P.O. Box 157  
Halifax, Nova Scotia  
B3J 2M9 Canada

#### Enquiries:

Local: (902) 424-4381  
Toll Free: 1-877-848-2578 (Nova Scotia only)  
Fax: (902) 424-4143  
E-mail: [vstat@gov.ns.ca](mailto:vstat@gov.ns.ca)

#### Or Visit Our Office:

Vital Statistics Office - Joseph Howe Building  
1690 Hollis Street  
Halifax, Nova Scotia  
B3J 2M9 Canada

**Hours:** 8:30 a.m. to 4:30 p.m. Monday to Friday, except holidays.

**Website and ordering online:** <http://www.gov.ns.ca/snsmr/vstat>