

This is a permanent legal record.
Please read all instructions before completing this form.
Type or print clearly in blue or black ink and complete all items.

Section A - Child's Information (see instruction #1)

Last Name		Sex of Child
First Name	Middle Name(s)	
Date of Birth (yyyy/mm/dd)	Name of hospital (if not hospital give exact location where birth occurred)	
Place of Birth (City/Town/Village/Township)		(Regional municipality, county or district)

Section B - Mother's Information (see instruction #2)

Section C - Father's/Other Parent's Information (see instruction #3)

Current Legal Last Name			Current Legal Last Name		
Legal Last Name at Birth (Maiden Name)			Legal Last Name at Birth		
First and Middle Name(s)			First and Middle Name(s)		
Any Other Legal Last Name(s)			Any Other Legal Last Name(s)		
Place of Birth (City/Town/Village/Township)			Place of Birth (City/Town/Village/Township)		
Place of Birth (Province/Country)	Date of Birth (yyyy/mm/dd)	Age	Place of Birth (Province/Country)	Date of Birth (yyyy/mm/dd)	Age
Marital Status of Mother: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					

Section D - Birth Information

Mother's Residence - Complete street address (City, town, village, township - If rural give Post Office or Rural Route address)				Postal Code	
Mother's Mailing Address if different from above - Complete street address (If rural give Post Office or Rural Route address)				Postal Code	
Duration of pregnancy (in weeks)	Total number of children ever born to this mother including this birth	Weight of child at birth Grams _____ or ____lb. ____oz.	Kind of Birth		If multiple birth, state whether this child was born 1 st , 2 nd , 3 rd , etc.
	Of this Total , Number born live		<input type="checkbox"/> Single	<input type="checkbox"/> Twin	
	Of this Total , Number stillborn		<input type="checkbox"/> Triplet	<input type="checkbox"/> Other	
Name of Attendant at birth		<input type="checkbox"/> Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Other, <i>specify</i> : _____			

Section E - Certification of Informant (Please read instruction #1 before signing)

If you are choosing a last name that is not one of the parent's last names or combination of those names, but is in accordance with the child's cultural, ethnic, or religious heritage, check one of the following boxes.

Cultural Heritage
 Religious Heritage
 Ethnic Heritage

I (We) certify the statements made on this form are true and correct. I am (We are) aware that it is an offence to wilfully make a false statement on this form. I (We) have agreed that the child's last name will be as shown in section A. <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Mother X	Date (yyyy/mm/dd)
	Signature of Father/Other Parent X	Date (yyyy/mm/dd)
	Signature of Informant (see instruction #1f) X	Date (yyyy/mm/dd)

Section F - Office Use Only

I approve this statement and register this birth by signing this statement. Signature of Manager X	Date (yyyy/mm/dd)
Office Use Only	

Statement of Live Birth - Instructions

General Instructions:

- a) This document is a permanent legal record. The child's information will be registered as it appears on this form. Failure to complete this document accurately will result in delays in registration.
- b) It is an offence to intentionally lie on this statement. An individual who wilfully makes a false statement on the form, may on conviction be liable to a maximum fine of \$50,000 or imprisonment for a maximum term of 2 years less a day.
- c) If you make a mistake when filling out this form, bracket and initial the error and enter the correct information. Use of correction fluid will **not** be accepted. Any changes on the form must be initialed by each parent that signs the form.
- d) The birth of every child born in the Province of Ontario must be registered within 30 days of the date of birth with the Office of the Registrar General.

Child's Name - Instruction #1

- a) First and middle names and last names are not to be underlined or enclosed in brackets or quotation marks. Brackets are only used to correct an error as required in the general instructions (above). Anything in brackets will be ignored.
- b) The order in which the first and middle names are entered on this form is the order in which they will appear on an official birth certificate, following the last name.
- c) If both parents' information is included on this form, the child's last name may be either parent's last name or former last name, or both parents' last names or both parents' former last names hyphenated or combined. If only the mother's information is included on the form, the child's last name may be the mother's last name or former last name. The parent or parents who sign the form may also give the child a last name based on the child's ethnic, religious or cultural heritage. If this option is chosen, the parent(s) must check the appropriate box in section E.
- d) If the parents disagree on the child's last name, the registered last name will be the parents' last name if they have the same last name. If the parents have different last names, the child's last name will be registered using both parents' last names hyphenated in alphabetical order.
- e) Each parent listed on the form must sign the form unless that parent is incapable of completing the birth registration form because of illness or death. If one or both parents do not sign this form because they are incapable, a statutory declaration must be submitted with this form. This statutory declaration is available from the Office of the Registrar General, **189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: 1-800-461-2156 or 416-325-8305, TTY/Teletypewriter (for the hearing impaired): 1-800-268-7095 or 416-325-3408.**
- f) Where neither parent signs this form because both parents are incapable, an informant acting on the mother's behalf must complete and sign the form. In this situation, the child's last name must be 1) the parents' last name, if they have the same last name; 2) a last name consisting of both parents' last names hyphenated in alphabetical order, if they have different last names; or 3) if only one parent is known, that parent's last name.

Mother's Information - Instruction #2

- a) The mother on the form must be the woman who gave birth to the child.
- b) The mother's legal last name at birth (maiden name) is the mother's legal last name at the time of her own birth, unless the mother was adopted. If the mother was adopted, enter her adoptive name if that is different than her last name at birth.
- c) Different rules about who can be named on a birth registration apply if a person has been declared to be the parent of the child by a court order issued under the *Children's Law Reform Act* or an adoption order.

Father's/Other Parent's Information - Instruction #3

- a) A "Father", for the purposes of this form, must be the biological father of the child and agrees to be named on the birth registration.
- b) An "Other Parent", for the purposes of this form, must be a person who agrees to be named as the other parent, where the biological father is unknown and the child was born from assisted conception with an anonymous sperm donor.
- c) The father's/other parent's information may be included on the form, if the mother acknowledges that person as a parent of the child.
- d) The father's/other parent's legal last name at birth is the person's legal last name at the time of his/her birth, unless adopted. If adopted, enter the father's/other parent's adoptive name if that is different than the last name at birth.
- e) If a father's/other parent's information is on the form, that parent must also sign this form unless they are incapable of completing the birth registration form because of illness or death.
- f) Different rules about who can be named on a birth registration apply if a person has been declared to be the parent of the child by a court order issued under the *Children's Law Reform Act* or an adoption order.

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and may be used to register and record births, provide certified copies, extracts, certificates, search notices, and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes as applicable. It is an offence to wilfully make a false statement on this form. It is an offence to certify the form on behalf of another person. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: 1-800-461-2156 or 416-325-8305, TTY/Teletypewriter (for the hearing impaired): 1-800-268-7095 or 416-325-3408.