

Fax Form Back to: 416-640-2650

Immigroup, 1180 Danforth Ave.
Toronto, Ontario M4J 1M3, Canada
www.canadianbirthcertificate.com /
info@canadianbirthcertificate.com
Phone: 416-962-2623
Fax: 416-640-2650

**CANADIAN
CERTIFICATE**

Instructions

1. Fill out your invoice and application and Third Party Authorization Form.
2. Fax all forms back to us at 416-640-2650 – you may use this invoice as a fax cover.
3. Include any letters of authorization or letters explaining your request.
4. Once we have received your application we will call you before filing your request.
5. Receive your certificate by courier.

Return Address (to return your certificate)

Overnight courier within Canada \$30

Overnight courier to a US address \$40

Your FedEx or Purolator account (if applicable –package will be sent at your own expense _____)

Name of Receiver: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Primary Phone Number: (_____) _____ Secondary (_____) _____

Additional Information & Disclaimer

I have read and agreed to the terms and conditions listed on www.immigroup.com/disclaimer.asp. Immigroup is not responsible for documents or passports lost by courier companies or any government office. All fees are not refundable once applications are submitted.

Fees: We accept Visa/Mastercard or bank draft/money order payable to Immigroup.
All Fees include Government Fee, Bank Draft Fee, Services Fee, and GST.

Expedited Service (6-10 day processing) \$188.14

Expedited Service (1-3 day processing) \$288.00

Form of Payment: Visa MasterCard Bank Draft/Money Order

Card Number

Expiration Date

Name on Card

Place your signature here:

Application for Certificate / Documents - Vital Statistics

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

IMPORTANT INFORMATION TO AVOID DELAYS

- This application **must** be returned to Registry Connect.
- 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.

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

			Type	Quantity
BIRTH	Last Name <i>(give MAIDEN name if certificate is for a married woman)</i>	Given Names	<input type="checkbox"/> Male <input type="checkbox"/> Female	Certified Small
	Date of Birth	Place of Birth <i>(city, town or village)</i>	Name of Hospital Where Birth Occurred	
	Month by name Day Year	Only Births that occurred in Alberta		
	Last Name of Father		Given Names	Birthplace of Father
	Maiden Name of Mother	Known by any Other Last Name	Given Names	Birthplace of Mother
				Search Letter

MARRIAGE	Last Name of Groom	Given Names	Birthplace of Groom	
	Last Name of Bride <i>(prior to this marriage)</i>		Given Names	
	Date of Marriage		Place of Marriage <i>(city, town or village)</i>	
	Month by name Day Year	Only Marriages that occurred in Alberta		
				Photocopy of Registration
				Search Letter

DEATH	Last Name of Deceased	Given Names	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Certified Large
	Date of Death	Place of Death <i>(city, town or village)</i>		Marital Status	
	Month by name Day Year	Only Deaths that occurred in Alberta		<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
	Usual Residence of Deceased Prior to Death <i>(province / country)</i>		Date of Birth		Photocopy of Registration
				Medical Certificate (Restricted)	
				Search Letter	

STILLBIRTH	Last Name	Given Names	<input type="checkbox"/> Male <input type="checkbox"/> Female	Photocopy of Registration
	Date of Stillbirth	Place of Stillbirth <i>(city, town or village)</i>	Name of Hospital Where Stillbirth Occurred	
	Month by name Day Year	Only Stillbirths that occurred in Alberta		
	Last Name of Father		Given Names	
	Maiden Name of Mother	Known by any Other Last Name	Given Names	Birthplace of Mother
				Search Letter

REG 3317 (Rev. 2005/01)

Date: _____

To Whom It May Concern:

I, the undersigned, hereby authorize _____ of
CERTIFICATES EXPRESS LTD. to apply for and receive a copy of my
_____ certificate.

Signed,

Sign: _____

Print: _____