

This information is collected in accordance with the *Vital Statistics Act and Regulations*. It is required to determine your eligibility to apply for products and services, search Vital Statistics registration records and process your request. Collection is authorized under s. 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection can be directed to Vital Statistics' staff @ Box 2023, Edmonton AB T5J 4W7 or 780-427-7013 (toll free 310-0000 within Alberta).

IMPORTANT: To avoid delays, read the Information Sheet and the Eligibility Information BEFORE completing this application.

PRINT CLEARLY - The information you provide will be used to process your request and mail the BIRTH documents requested below and any correspondence (if necessary).

ELIGIBLE APPLICANT'S INFORMATION (Complete all areas of this section in full)

Full Name of Eligible Applicant (See Eligibility Information)		Applicant's Phone No. (Daytime)	Applicant's Email Address	
Suite/Apt No.	Complete Street Address	City/Town/Village/County	Province/Country	Postal/Zip Code
State Your Relationship to Person Named on Certificate		Reason Certificate Required		
Mail Birth Documents and any Correspondence (if applicable) to: <input type="checkbox"/> Applicant's Address ↑ <input checked="" type="checkbox"/> Alternate Address ↓		Date Signed (month, day, year)	Signature of Applicant X	

ALTERNATE MAILING ADDRESS IF DIFFERENT FROM ABOVE (If this section applies, please complete in full)

C/O Name (if different from applicant) Lesser Slave Lake Indian Regional Council - Michelle Colbourne				
Suite/Apt No.	Complete Street Address	City/Town/Village/County	Province/Country	Postal/Zip Code
	PO Box 269	Slave Lake	Alberta	TOG 2A0

NOTE: All correspondence (if applicable) will be mailed directly to the address selected above regardless of the certificate delivery option at the registry agent office.

TYPE OF DOCUMENT

Birth Certificate with Personal Information Only	Quantity	Birth Certificate with Personal Information and Parentage	Quantity	Certified Copy of Registration of Birth	Quantity	Search Letter (\$20 government fee applies to each 3 year period)
						From: _____ To: _____

BIRTH DETAILS

Last Name		Given Name(s)		Name of Hospital (if known)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth (City/Town/Village)		Province Alberta	
Maiden Name of Mother/Parent		Given Name(s)		Mother/Parent's Birthplace	
Last Name of Father/Parent		Given Name(s)		Father/Parent's Birthplace	

NOTE: The information your provide above must be as complete as possible. If you cannot complete the required birth details, you must provide a written explanation with your application before it can be approved by Vital Statistics.

Only complete the section below if you are providing your consent to a designated agent to apply on your behalf (see Information Sheet).

APPLICANT'S CONSENT TO DESIGNATED AGENT	DESIGNATED AGENT'S STATUTORY DECLARATION
I, _____ Full Name of Applicant	I, <u>Michelle Colbourne</u> Full Name of Designated Agent
of _____ Street Address City/Town/Village	of <u>LSLIRC - PO Box 269</u> <u>Slave Lake</u> Street Address City/Town/Village
Province/Country Postal/Zip Code Phone Number	Province/Country Postal/Zip Code Phone Number
give my consent to <u>Michelle Colbourne</u> Full Name of the Designated Agent	do solemnly declare that I have known _____ Full Name of the Applicant
of <u>LSLIRC - PO Box 269</u> <u>Slave Lake</u> Street Address City/Town/Village	for _____ year(s). <input checked="" type="checkbox"/> X Number Signature of Designated Agent
Province/Country Postal/Zip Code Phone Number	Declared before me at _____ Alberta
whom I have known for _____ year(s) to make this application on my behalf. Number <input checked="" type="checkbox"/> X	dated _____, _____ X Signature of Commissioner for Oaths/Notary Public in and for Alberta
Signature of Applicant	