



# STATUTORY DECLARATION

## Re: Alteration or Addition of a Given Name to a Birth Record

Please read the instructions and documentation requirements on the reverse.

### APPLICANT'S INFORMATION

NOTE: Please PRINT your name, address and identifying information clearly.  
This portion will be used when mailing your service or correspondence.

FOR OFFICE USE ONLY: AFS#

SURNAME		GIVEN NAMES	
MAILING ADDRESS			
CITY, PROVINCE/STATE, COUNTRY			POSTAL CODE
HOME PHONE (INCLUDING AREA CODE)	WORK PHONE (INCLUDING AREA CODE)	IF COMPANY, ATTENTION:	

### DETAILS OF BIRTH AS CURRENTLY REGISTERED

SURNAME ON BIRTH RECORD		GIVEN NAME(S) ON BIRTH RECORD		SEX
MONTH	DATE OF BIRTH DAY	YEAR	PLACE OF BIRTH (CITY, TOWN OR VILLAGE)	
SURNAME OF FATHER/CO-PARENT		GIVEN NAMES		BIRTHPLACE OF FATHER/CO-PARENT (CITY, PROV/STATE, COUNTRY)
MAIDEN SURNAME OF MOTHER		GIVEN NAMES		BIRTHPLACE OF MOTHER (CITY, PROV/STATE, COUNTRY)

**BRITISH  
COLUMBIA**

### ALTERATION/ADDITION REQUESTED

Pursuant to: (check one)

Child is under 1 year old. I request this alteration or addition of a given name for the following reasons:

Child is over 1 year old. Certified evidence of the usage of the proposed name(s) obtained before the child's 12th birthday, is attached.

The given name(s) for the above birth to be registered as shown: \_\_\_\_\_  
(FULL GIVEN NAMES)

### DECLARATION

- I/We desire the correction(s) as shown above to be made pursuant to the *Vital Statistics Act*.
- I/We **have enclosed all certificates in my/our possession** that relate to this event and understand that they will not be returned on completion of this alteration/amendment.
- I/We understand that **all certificates issued prior to this amendment will be ordered cancelled** under Section 40.1 of the *Vital Statistics Act*.
- I/We make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at \_\_\_\_\_ } \_\_\_\_\_  
in the Province of British Columbia, this \_\_\_\_\_ (DAY) } \* (SIGNATURE OF MOTHER OR DECLARANT)  
day of \_\_\_\_\_ (MONTH) , \_\_\_\_\_ (YEAR) } \_\_\_\_\_  
SIGNATURE OF FATHER/CO-PARENT OR DECLARANT  
SIGNATURE OF LAWYER, NOTARY PUBLIC OR COMMISSIONER FOR TAKING AFFIDAVITS

\* Please note: The signature of both parents is required for a change to the birth record of a minor.

### SERVICES/FEEES

The fee for the Alteration or Addition of a Given Name on a Birth Record is \$27.00 and does not include a new certificate. If you wish to order new certificate(s) please complete the following and add the additional payment to the total. The birth certificate is available in 2 versions. One contains personal information only, the other also includes parental information. Both are the same size (12.5cm x 17.6cm). The two versions are mailed separately.

<p><b>Regular Service</b> - \$27.00 per certificate (average 2 to 5 days processing time) All services, other than courier services, will be mailed.</p> <p><input type="checkbox"/> Certificate (Individual Information only)   <input type="checkbox"/> Certificate (Includes Parental Information)</p> <p><input type="checkbox"/> Registration Photocopy, Regular Service - \$50.00 per photocopy (average 20 business days processing time)</p>	<p><b>Courier Service*</b> - \$60.00 per certificate</p> <p><input type="checkbox"/> Certificate (Individual Information only)   <input type="checkbox"/> Certificate (Includes Parental Information)</p> <p><input type="checkbox"/> Registration Photocopy, Courier Service - \$60.00 per photocopy</p>
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\*NOTE: All services, other than courier services, will be mailed. Courier service requests are produced the next business day. Delivery time is dependent on shipping destination. Fee includes the cost of the search of our records. A certificate will be generated upon confirmation of a record held. If no record of the event is found, the fee will be applied to the search process. Courier Service will not be attempted at the following residence types: post office box, apartment complex, homes that utilize Super Box mailboxes and Basement suites. Instead, a delivery notice with instructions will be left at those residences and the package delivered to the nearest postal outlet. ID and signature will be required upon pick up.

## Alteration or Addition of a Given Name

Section 10 of the *Vital Statistics Act* provides the authority to make an alteration or addition to the given name(s) of a child where the name was changed or given to the child prior to their 12th birthday and is supported by documentary evidence made prior to the 12th birthday.

To make the required changes, the following is required:

1. Completion of the form, "Statutory Declaration Re: Alteration or Addition of a Given Name to a Birth Record".

Eligibility to make the change is restricted to both parents, the surviving parent, the guardian of the child or the child after the child has attained the age of 19 years.

2. Proof to support the requested alteration when made under Section 10. Examples of acceptable evidence:

- \* Baptismal certificate
- \* School records
- \* Immunization cards



*Documents providing proof of change to be made must be completed and dated prior to the person's 12th birthday and must be certified\**.

*\* A Certified copy is a photocopy of a document, authenticated by an authorized official such as a Lawyer, Notary Public or Commissioner for Taking Affidavits, as a true photocopy of the original document.*

3. Payment of the legislated fee for a correction or omission in registration.\*
4. The issuance of a certificate reflecting a correction may be ordered following the change.

**Please note:** All previously issued certificates must be returned to the Vital Statistics Agency with this request for an *Alteration or Addition of a Given Name to a Birth Record* as the certificate(s) will no longer be valid, following the amendment.

*\* The fee for the Alteration or Addition of a Given Name on a Birth Record is \$27.00 and does not include a new certificate. If you wish to order new certificate(s) please complete the Services/Fees section on the front and add the additional payment to the total. The birth certificate is available in 2 versions. One contains personal information only, the other also includes parental information. Both are the same size (12.5cm x 17.6cm). The two versions are mailed separately.*

MAILING ADDRESS & TELEPHONE NUMBER	VITAL STATISTICS AGENCY OFFICES				
Vital Statistics Agency PO Box 9657 Stn Prov Govt Victoria BC V8W 9P3 <b>ENQUIRIES &amp; CREDIT CARD ORDERS</b> Telephone: <b>250 952-2681</b> (Victoria & Outside BC) Toll Free: <b>1 888 876-1633</b> (within BC) Website: <a href="http://www.vs.gov.bc.ca">www.vs.gov.bc.ca</a>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Victoria Location:</b>                              818 Fort Street                              Victoria BC V8W 1H8                         </td> <td style="width: 50%; vertical-align: top;"> <b>Kelowna Location:</b>                              101 - 1475 Ellis Street                              Kelowna BC V1Y 2A3                         </td> </tr> <tr> <td colspan="2" style="text-align: center; vertical-align: top;"> <b>Vancouver Location:</b>                              250 - 605 Robson Street                              Vancouver BC V6B 5J3                         </td> </tr> </table>	<b>Victoria Location:</b> 818 Fort Street Victoria BC V8W 1H8	<b>Kelowna Location:</b> 101 - 1475 Ellis Street Kelowna BC V1Y 2A3	<b>Vancouver Location:</b> 250 - 605 Robson Street Vancouver BC V6B 5J3	
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<b>Vancouver Location:</b> 250 - 605 Robson Street Vancouver BC V6B 5J3					

The information on this form is collected under the authority of the *Vital Statistics Act* (RSBC 1996, c479 s 3(1)). The information provided will be used to correct the registration, produce certificates and provide statistical and demographic information required for the administration of the Health Care system. If you have any questions about collection and use of this information contact a Vital Statistics Client Service Representative at 250 952-2681, or write to the mailing address given above. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*.

PAYMENT METHODS	
<input type="checkbox"/> Cheque * <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
<b>* Postdated cheques not accepted</b>	
<b>AMOUNT ENCLOSED FOR:</b>  <b>Correction</b> \$ <b>27.00</b>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Interac/Cash payment may be made in person at one of our three offices. Cheque or money order made payable to the Minister of Finance.                 </div>
<b>New Certificate</b> (see fee above) _____	_____ Card holder signature
<b>Total Amount Enclosed</b> \$ _____	_____ <i>PRINT</i> Card holder name as shown on Credit Card
Credit Card # _____	Expiry date _____