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Page 1 of 2



Application for a Manitoba Birth Document

Please PRINT clearly to complete the front and back of this application. Incomplete applications or those with insufficient payment will be returned.

Section 1 - Appl	CONFIDE	NTIAL & RI PROTECTE	ESTRICTED ED B	When comple	eted	DIS	DISPONIBLE EN FRANÇAIS						
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Section 2 - Typ	e of document re	equested											
			Quantity	y								Qua	antity
☐ Birth Certificate	with parents' names without parents' name ation (this is not a birth				Birth certifi Birth certifi								
Reason for applicati	ion :												١
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D 4													
Date of birth Month Place of birth in Mar	Day Year	r											
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Parent 1(Provide the Last name	last name at their birth or	adoptive name unl	ess there has	been a legal	• ,	e) rst name	÷	_		Middle na	ame(s)		_
Place of birth (provin	nce if born in Canada–	–country if born o	outside of Ca	anada)									
Parent 2(Provide the Last name	e last name at their birth or	less there has	s been a lega		e) rst name	ı		1	Middle na	ame(s)			
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Revised 09/2023

Section 4 - Applicant's relationship to person named on certificate:	2 of				
Check one box that applies to you and sign below:					
Self, if the application is for your own certificate					
Parent, either parent named on the record of the child					
Legal guardian (submit a complete copy of guardianship papers)					
Representative with written authorization from person entitled, parent, or guardian Ù][ˇ•^Êx@qàĒ;æ^}ơʎ¦Áāajā;*Á;Áæ⁄Áa^&^æ^åÁsÁæj] ã&æaá}ÁæíÁgikáaœíkók¦ÁæÁaāœíkók¦ÁæÁa^&^æ•^åÁ,^¦•[}Áçæææ&æíÁgikáæíaðásæíÁæíaæíÁkágipæía&æíAákóajaæía&æíakæíaæíaæíakæíakóasæíakóasæíakæíakóasæíakóa					
Familial relationship to deceased :	_				
Date & place of death (proof of death required) :					
Signature of eligible person : ***********************************	Á				
Print name of eligible person:Á					
Section 5 - Type of issuance service					
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- Delivered by Canada Post - Fee: \$30 per document					
RUSH ISSUANCE SERVICE (Signature required upon delivery) Ú;[&^••^àÁ, ǎo@, Á+Áè, *ð, *ð, *ð, *å, *å, *Áæ, *Áæ, *áæ, *áæ, *áæ, *áæ, *áæ, *áæ, *áæ, *á	 dĚÁ ^} o				
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Section 6 - Method of payment					
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A \$30 ADMINISTRATION FEE WILL BE RETAINED WHEN CUSTOMERS DO NOT RESPOND TO REQUESTS FOR MORE INFORMATION. PLEASE NOTE THAT NO REFUNDS WILL BE PROVIDED ONCE VSB RECEIVES YOUR APPLICATION, REGARDLESS OF THE APPLICATION RESULTS					

Inquiries V^|^]@[}^KÁ GE ËIIÍËHÏ€FÁ V[||EZ^^^AÇ_ão@1, AÔæ)æåæÐÁ FĒIÎĒÜÜJËGJĴÁ Œ ËIIÌËHFGÌÁ çãna processor O * [çiệt à Besark Ord Haga and processor Belgiệt à Besark Xãna HAO (and & Ork) Y^àËÙãc^kÁ O∄å¦^∙∙K GÍ Í ÁÚ[¦œ⁴^ÁŒç^ÁÝ] * ÁT ÓÁÜHÔÆÓÎ

The Vital Statistics Branch is collecting your personal information pursuant to The Vital Statistics Act, CCSM c V60, in order to process and respond to your application. This collection is authorized under clauses 36(1)(a) and (b) of The Freedom of Information and Protection of Privacy Act, CCSM c F175 ("FIPPA"). Your personal information is protected under FIPPA's privacy provisions, and will not be used or disclosed for any other purposes, except as authorized by law.

If you have any questions about this collection, please contact the Access & Privacy Coordinator for the Department of Consumer Protection and Government Services at 204-792-8214 or FIN-CSC-EC_FIPPA@gov.mb.ca

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