



All Licenses Ltd.

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Application for Certificate, Search, or Certified Photographic Print of Birth/Stillbirth, Marriage or Death

FOR AGENT USE ONLY

Name of Agent
Registry Account Number

Fee
Method of Payment
Cash
Cheque
Charge Account

Special Instructions/Comments

FOR VITAL STATISTICS USE ONLY

REQUIRED INFORMATION

Name of Applicant
If Company, Attention of
Your Reference number (if applicable)
Mailing Address
City
Province (Country)
Postal/Zip Code
I require these certificates for the following purpose
Phone No. (during day)
State your relationship to person named on certificate
Signature of Applicant
Date Signed

SHADED AREAS FOR VITAL STATISTICS USE ONLY

BIRTH

Last Name (give MAIDEN name if certificate is for a women)
Given Names
Male
Female
Date of Birth / Stillbirth
Place of Birth / Stillbirth (city, town or village)
Name of Hospital Where Birth / Stillbirth Occurred
Last Name of Father
Given Names
Birthplace of Father
Maiden Name of Mother
Known By Any Other Last Name
Given Names
Birthplace of Mother
Date of Registration
Place of Registration
Amendment Number
Registration Number
Type
Quantity
Wallet (not available for Stillbirth)
Framing (not available for Stillbirth)
Certified Photographic Print
Search Letter
Searched
Double Searched
Verified

MARRIAGE

Last Name of Groom
Given Names
Birthplace of Groom
Last Name of Bride (prior to this marriage)
Given Names
Birthplace of Bride
Date of Marriage
Place of Marriage (city, town or village)
Date of Registration
Place of Registration
Amendment Number
Registration Number
Type
Quantity
Wallet
Framing
Certified Photographic Print
Search Letter
Searched
Double Searched
Verified

DEATH

Last Name of Deceased
Given Names
Age
Male
Female
Date of Death
Place of Death (city, town or village)
Usual Residence of Deceased Prior to Death (city, town or village)
Date of Birth
Date of Registration
Place of Registration
Amendment Number
Registration Number
Type
Quantity
Framing Certificate
Medical Certificate (available to Stillbirth)
Certified Photographic Print
Search Letter
Searched
Double Searched
Verified

All areas of the section "REQUIRED INFORMATION" must be completed or the application will be returned.

The release of the medical certificate (cause of death) is restricted to adult next-of-kin only (mother, father, son, daughter, brother, sister, spouse or common-law spouse). Attach documents to show proof of relationship. If a birth certificate is supplied it must show parentage.