



Certified A True  
Photostatic  
Print of a Record

on file at the  
Office of the Registrar General  
Ontario, Canada

Registration Number:  
Numéro d'enregistrement :

PAGE 1 of 1

Certificate number:  
Numéro du certificat :

Date issued:  
Date de délivrance :

Sep 08 2004

File number:  
Numéro de dossier :

04179868-01-9

Ontario  
Office of the Registrar General  
Bureau du registraire général

Photocopie certifiée  
conforme d'un document

se trouvant dans les dossiers du  
Bureau du registraire général  
(Ontario) Canada



Office of the Registrar General  
Registration Division  
P.O. Box 4606  
189 Red River Road  
Thunder Bay ON P7B 6L6

Registration No. (office use only)

Form 2  
(VSA 1990)

Province of Ontario (Canada)  
Office of the Registrar General  
This is a permanent legal record.  
Type or print plainly in blue or black ink and complete all items.

Statement of Live Birth

CHILD'S SURNAME		1.		2. Sex of child	
FORENAME(S)		3. Month (by name), day, year		MALE	
DATE OF BIRTH		4. Name of hospital (if not hospital give exact location where birth occurred)		Marital Status of mother	
PLACE OF BIRTH		5. City, town, village, township or name		MARRIED	
PARENTS		6. Regional municipality, county or district			
NAME		FATHER		MOTHER	
BIRTHPLACE		7. City/town/village		10. Province/territory	
DATE OF BIRTH		8. Month (by name), day, year		11. Age	
RESIDENCE OF MOTHER FOR STATISTICAL PURPOSES ONLY		12. Complete street address (if different from above) if rural give Post Office or Rural Route address		Postal Code	
MAILING ADDRESS		13. Complete street address (if different from above) if rural give Post Office or Rural Route address		Postal Code	
OTHER		14. Duration of pregnancy (in weeks)		15. Number of children born to the mother (including stillborn under 28 weeks pregnancy)	
ATTENDANT		16. Name and address of attendant at birth		17. Kind of birth	
				18. Weight of child at birth	
				19. If twin, triplet, state whether the child was born 1st, 2nd or 3rd.	

Cette formule est disponible en français

Sample

BEFORE SIGNING SEE ITEM F ON REVERSE SIDE

CERTIFICATION OF INFORMANT	20. I (we) certify the foregoing to be true and correct to the best of my(our) knowledge and belief.	Day	Month	Year
	Signature of Mother			2003
	Signature of Father			2003

21. Before completing this section, see item E on reverse side. Check if the name selected is determined by acceptance of faith  Ethnic  Religious  Cultural Heritage (Specify)

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing this statement

CERTIFICATION OF DIVISION REGISTRAR	Signature of Division Registrar	Division Registrar	Code Number	Date: Month, day, year
		Toronto	2000	06/06/2003

For office use only.

11022(10/90)

Judith M Hartman

Judith M. Hartman  
Deputy Registrar General  
Registraire générale adjointe  
de l'état civil

—CERTIFIED COPY—  
NOT VALID WITHOUT ALL PAGES

