

Vital Statistics  
Fax: (506) 444-4139

I, \_\_\_\_\_ certify:

- ✓ That I am authorized to practice law in the Province of New Brunswick and am a PLANET Subscriber.
- ✓ That I have obtained my client's consent to submit this application for his/her birth certificate.
- ✓ That this information is required solely for the purpose of finalizing a land transaction under the *Land Titles Act* and its regulations.

Signature: \_\_\_\_\_ File Ref. no: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Credit Card # (Visa/ Mastercard/AE): \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

Ship to: \_\_\_\_\_  
(lawyer's address only)

**Type of Service and fee payment requested - (check all that apply):**

1. Type of certificate:

- Short format - \$25                       Long format - \$30

2. Shipping and Handling (over and above cost of certificate):

- Standard processing, regular mail - N/C       Expedited processing, regular mail \$50  
 Standard processing, courier - \$20               Expedited processing, courier \$50 + \$20

3. Additional confirmation of name on birth certificate and fax back request of the name (You must make a selection for 1 and 2 as well when choosing this option):

- \$10 – **Available only for urgent pending land transactions. Please check online for our processing times to determine whether this service is needed.**

**TOTAL:** \$ \_\_\_\_\_ This amount will be charged to the credit card number provided above.

**Client Information:**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Year              Month by name              Day                                      Location - must be in New Brunswick

Name of Father: \_\_\_\_\_ (Both given name and surname)

Father's Place of Birth: \_\_\_\_\_

Maiden Name of Mother: \_\_\_\_\_ (Both given name and surname)

Mother's Place of Birth: \_\_\_\_\_

If born in Canada, place of birth must include province, and if known, location. If born elsewhere, country only.



**Confirmation of Name by Vital Statistics**

To: \_\_\_\_\_ Fax number: \_\_\_\_\_

File Ref. no: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmed by: \_\_\_\_\_

**This is to confirm that the following person is registered in the Vital Statistics records.**

Name: \_\_\_\_\_