



This is a permanent legal record.
Please read all instructions before completing this form.
Type or print clearly in blue or black ink and complete all items.

Section A - Child’s Information (see instruction #1) If the child is being given a Single Name you must follow instruction #1b

Last Name or Single Name		Sex of Child
First Name Middle Name(s)		
Date of Birth (yyyy/mm/dd)	Name of hospital (if not hospital give exact location where birth occurred)	
Place of Birth (City/Town/Village/Township) (Regional municipality, county or district)		

Section B - ☐ Mother ☐ Father ☐ Parent (see instruction #3)

Current Legal Last Name or Single Name		Legal Last Name or Single Name at Birth	
First and Middle Name(s)		Date of Birth (yyyy/mm/dd)	Age
Any Previous Legal Last Name(s) or Single Name(s)		Place of Birth (City/Town/Village/Township) / (Province/Country) /	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
I agree that the child’s last name or single name will be as shown in Section A <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify the statements made on this form are true and correct and I am aware that it is an offence to wilfully make false statements.			Date (yyyy/mm/dd)
X			

Section C - ☐ Mother ☐ Father ☐ Parent (see instruction #4)

Current Legal Last Name or Single Name		Legal Last Name or Single Name at Birth	
First Name and Middle Name(s)		Date of Birth (yyyy/mm/dd)	Age
Any Previous Legal Last Name(s) or Single Name(s)		Place of Birth (City/Town/Village/Township) / (Province/Country) /	
I agree that the child’s last name or single name will be as shown in Section A <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify the statements made on this form are true and correct and I am aware that it is an offence to wilfully make false statements.			Date (yyyy/mm/dd)
X			

Section D - ☐ Mother ☐ Father ☐ Parent (see instruction #4)

Current Legal Last Name or Single Name		Legal Last Name or Single Name at Birth	
First Name and Middle Name(s)		Date of Birth (yyyy/mm/dd)	Age
Any Previous Legal Last Name(s) or Single Name(s)		Place of Birth (City/Town/Village/Township) / (Province/Country) /	
I agree that the child’s last name or single name will be as shown in Section A <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify the statements made on this form are true and correct and I am aware that it is an offence to wilfully make false statements.			Date (yyyy/mm/dd)
X			

Section E - ☐ Mother ☐ Father ☐ Parent (see instruction #4)

Current Legal Last Name or Single Name		Legal Last Name or Single Name at Birth	
First and Middle Name(s)		Date of Birth (yyyy/mm/dd)	Age
Any Previous Legal Last Name(s) or Single Name(s)		Place of Birth (City/Town/Village/Township) / (Province/Country) /	
I agree that the child’s last name or single name will be as shown in Section A <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify the statements made on this form are true and correct and I am aware that it is an offence to wilfully make false statements.			Date (yyyy/mm/dd)
X			

Section F - Birth Information (if none of the parents on this form is the birth parent, see instruction #5b)

Residence of Parent in Section B - Complete street address (City, town, village, township - if rural give Post Office or Rural Route address)			Postal Code		
Mailing Address of Parent in Section B if different from above - Complete street address (If rural give Post Office or Rural Route address)			Postal Code		
Duration of pregnancy (in weeks)	Total number of children ever born to this parent including this birth	Weight of child at birth	Kind of Birth <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Other		If multiple birth, state whether this child was born 1st, 2nd, 3rd, etc.
	Of this Total, Number born live	Grams _____			
	Of this Total, Number stillborn	or _____ lb. _____ oz.			
Name of Attendant at birth		<input type="checkbox"/> Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Other, specify: _____			

Section G - Certification of Informant (Please read instruction #1f before signing)

I certify the statements made on this form are true and correct and I am aware that it is an offence to wilfully make false statements.	Signature of Informant X	Date (yyyy/mm/dd)
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Section H - Office Use Only

Signature of Manager - I approve this statement and register this birth by signing this statement. X	Date (yyyy/mm/dd)
Office Use Only	

Statement of Live Birth Form 2 (With Three or Four Parents)**General Instructions:**

- a) This document is a permanent legal record. The child's information will be registered as it appears on this form. Failure to complete this document accurately will result in a delay in registration.
- b) It is an offence to certify the form on behalf of another person. It is an offence to wilfully make a false statement on this form. A person who wilfully makes a false statement on the form may, on conviction, be liable for a maximum fine of \$50,000 or imprisonment for a maximum term of 2 years less a day.
- c) If a mistake is made when filling out this form, either bracket and initial the error and enter the correct information or complete a new form. Use of correction materials (e.g., fluid, tape) will not be accepted. Any changes on the form must be initialed by each parent that signs the form.
- d) The birth of every child born in the province of Ontario must be certified within 30 days of the date of birth with the Office of the Registrar General.
- e) This form is for use where the child has three or four parents certifying the birth including parents who have:
 - conceived the child through sexual intercourse;
 - conceived the child through assisted reproduction, with or without a surrogate;
 - entered into a pre-conception parentage agreement if required under the *Children's Law Reform Act* (CLRA); or,
 - obtained a court order declaring the parents of the child under the CLRA.
- f) If the child has more than four parents certifying the birth, please contact the Office of the Registrar General for assistance, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: Outside Toronto but within North America toll free 1-800-461-2156 or in Toronto or outside North America 416-325-8305, TTY/Teletypewriter (for the hearing impaired) 416-325-3408.
- g) Spouse means the person to whom a person is married or with whom the person is living in a conjugal relationship outside marriage.
- h) This form is not to be used to certify the birth of a child who has been adopted. Parents who wish to certify the birth of a child whom they have adopted must complete a Substituted Registration of Birth on Adoption form.*

Instruction #1 - Child's Information (Section A)

- a) First, middle and last names or single names are not to be underlined or bracketed or in quotation marks. Brackets are only used to correct an error as provided in the general instructions (above). Any information in brackets will be ignored, other than for the purpose of correcting an error.
- b) A child may be given a single name in accordance with the child's traditional culture. A Request for a Birth Registration with a Single Name form* with supporting evidence must be completed and submitted with this form.
- c) The order in which the child's first and middle name(s) are entered on this form is the order in which they will appear, following the child's last name, on an Ontario birth certificate.
- d) The child is to be given a name or names agreed upon by the parents. If the parents disagree on the child's last name, the child will be registered with a last name consisting of each certifying parent's last names hyphenated or combined in alphabetical order. Where the parents share a last name, it shall be used only once. If the parents cannot agree on the child's single name, the child cannot be given a single name and the last name rules noted here apply.
- e) Each parent listed on the form must sign the form unless that parent is incapable because of illness or death. If any one of the parents of the child does not sign this form because they are incapable, a Statutory Declaration by One Parent or a Third Party form* must be completed for each parent who is incapable and submitted with this form.
- f) Where no parent signs this form because all parents are incapable, an informant acting on behalf of the parents must complete and sign the form. In this situation, the child's last name must consist of each parent's last names hyphenated or combined in alphabetical order. Where the parents share a last name it will be used only once. Alternatively, the child may be given a single name in accordance with b) above.

Instruction #2 - Parent Information (General)

- a) A person who gave birth to the child (birth parent) is a parent of the child, unless the person who gave birth is a surrogate or if the child is later adopted.
- b) The person whose sperm resulted in conception following sexual intercourse is also a parent of the child, known as a "biological parent", unless, in advance of conception by sexual intercourse, both parties agree in writing that this person does not intend to be a parent of the child.
- c) For births involving sperm donation, assisted reproduction or surrogacy:
 - A person who provides reproductive material or an embryo for use in the conception of a child through assisted reproduction is not recognized in law to be a parent of the child unless the person is a parent of the child under Part I of the CLRA.
 - The spouse of the birth parent, at the time of conception, is presumed to be a parent of the child. This does not apply if, before the child is conceived, the spouse did not consent to be a parent of the child or withdrew previous consent.

- If the intended parents of a child and a surrogate, who will carry the child, enter into a surrogacy agreement they may use this form. In addition to completing this form, parents must meet the following conditions as provided under the CLRA:
 - each party, before conception, must have received independent legal advice prior to signing the surrogacy agreement;
 - the child must have been conceived through assisted reproduction;
 - the intended parents must complete the Statutory Declaration of Intended Parent(s) form*;
 - the surrogate must complete the Statutory Declaration by Surrogate form* which includes written consent that they are not the parent of the child, and this consent may not be given until the child is at least seven days old; and
 - both the completed Statutory Declaration of Intended Parent(s) and the Statutory Declaration by Surrogate must be submitted with this form.
- If the surrogate does not, or cannot, give consent, an application may be made to the court for a declaration of parentage respecting the child. If granted, this court declaration must be provided to the Office of the Registrar General by the intended parents.

Instruction #3 - Parent's Information (Section B)

- Section B must include the details of the person who gave birth to the child (birth parent) unless that person is a surrogate. If a surrogate gave birth, the surrogate should not certify the birth, and details of any one of the intended parents may be listed in Section B. The intended parents must also submit a completed Statutory Declaration by Intended Parent(s) and a Statutory Declaration by Surrogate with this form (see instruction #2c for more information).
- Select the parent's relationship to the child by selecting only one box from the options of mother, father or parent.
- Enter the parent's current legal last name or single name, and in the box immediately to the right enter the legal last name or single name of the parent at the time their own birth was registered. If the parent was adopted, enter their adopted last name.
- Marital status is required for statistical purposes; however, if the parent listed in Section B is not the birth parent, leave marital status blank.

Instruction #4 - Parent's Information (Section C, D and E)

- Sections C, D and E are each to be completed by persons certifying the birth who are not the birth parent and are parents to the child.
- Select the parent's relationship to the child by selecting only one box from the options of mother, father or parent.
- Where the birth parent is identified in Section B and is certifying the birth, the person named in Section C, D or E, must be certifying the birth and be:
 - the biological parent who is acknowledged by the birth parent; or
 - the spouse of the birth parent who has acknowledged the spouse as the child's parent; or
 - a person who has entered into a pre-conception parentage agreement with the birth parent.
- If the birth parent is a surrogate and a surrogacy agreement was completed and all other requirements under the CLRA have been met, any intended parent's details may be listed in Section B, C, D or E.

Instruction #5 - Birth Information (Section F) (collected for statistical purposes)

- If the parent listed in Section B is the birth parent please complete all information requested in Section F.
- If the parent in Section B is not the birth parent, complete only the mailing address of parent (with a current mailing address of any parent), the weight of the child, kind of birth, and the name and title of the attendant at birth. Do not complete residence of parent, duration of pregnancy, and the number of children born or stillborn.

*To request forms please visit ServiceOntario.ca or contact the Office of the Registrar General, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: Outside Toronto but within North America toll free 1-800-461-2156 or in Toronto or outside North America 416-325-8305, TTY/Teletypewriter (for the hearing impaired) 416-325-3408.

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 as amended, and may be used to register and record births, stillbirths, deaths, marriages additions or changes of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, and photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes as applicable.

Questions about this collection of information should be directed to: The Deputy Registrar General, Office of the Registrar General, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: Outside Toronto but within North America toll free 1-800-461-2156 or in Toronto or outside North America 416-325-8305, TTY/Teletypewriter (for the hearing impaired) 416-325-3408.