

Registration of Live Birth
Please complete in black ink.

[Redacted]

Child				
1 - Surname		Given Name(s)		Additional
2 - Date of Birth		3 - Sex	4 - Duration of Pregnancy	5 - Weight at Birth
6 - Place of Birth - Name of hospital or exact address where birth occurred		City, Town, Village or Other Place (if rural give section, township, range and meridian)		
7 - Kind of Birth		8 - Birth Order		
9 - Total children born to this mother (including this birth)		10 - Name of attending physician (or other attendant)		
Mother				
11 - Maiden Surname		Given Name(s)		Additional
Please print current legal surname		12 - Contact Phone Number (optional)	13 - Email Address (optional)	
14 - Date of Birth	15 - Place of Birth - City, Town or Village		Province, State or Country	
16 - Residential Address (street name, city, province (or country))				Postal Code
17 - Mailing Address (street name, city, province (or country)) if different from above				Postal Code
18 - Marital Status				19 - Saskatchewan Health Card Number
20 - Are You (optional)				Registry Number
21 - I certify this statement to be true and correct to the best of my knowledge and belief:				22 - Date Signed
Signature of Mother:				
Father				
23 - Surname		Given Name(s)		Additional
Please print current legal name		24 - Contact Phone Number (optional)	25 - Email Address (optional)	
26 - Date of Birth	27 - Place of Birth - City, Town or Village		Province, State or Country	
28 - Mailing Address (street name, city, province (or country))				Postal Code
29 - Marital Status				30 - Saskatchewan Health Card Number
31 - Are You (optional):				Registry Number
32 - I certify this statement to be true and correct to the best of my knowledge and belief:				33 - Date Signed
Signature of Father:				

Request for Canada Child Benefits

I give my consent for eHealth Saskatchewan/Vital Statistics to disclose my Social Insurance Number (SIN), along with the required information regarding the birth of my child, to the Canada Revenue Agency (CRA) for the purposes of processing my application for Canada child benefits, including any related federal, provincial or territorial programs administered by the CRA. This information may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law.

I declare that I am a Canadian citizen or have permanent resident status in Canada and that I am the person primarily responsible for the care and upbringing of the child entered on the Registration of Live Birth form and have the authority to consent to the disclosure of this information.

Signature of Mother: _____

Mother's Social Insurance Number: _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notes

Request for a Social Insurance Number for My Child

I give my consent to eHealth Saskatchewan/Vital Statistics to disclose the required information regarding my child's birth to Service Canada (operating within the Department of Employment and Social Development Canada) for the purpose of applying for a Social Insurance Number (SIN) for my child. I declare that I am either a Canadian citizen or hold permanent resident status in Canada and have the authority to consent to the disclosure of this information.

I understand that applying for a SIN for my child is optional.

For information, including the personal information collected for this SIN application, as well as information relating to your privacy rights, see the enclosed Service Canada insert or visit canada.ca/social-insurance-number.

Signature of Mother or Father: _____

This statement was accepted for registration on this date,

Signature of Registrar

Month: _____

Saskatchewan Health Card

Births that occur in Saskatchewan will be assessed to determine eligibility for a Saskatchewan Health Card. If eligible, a Saskatchewan Health Card will be mailed after 10 business days. If the address provided is a new address, please notify eHealth in order to prevent disruption of services at <http://ehealthcard.health.gov.sk.ca>

CERTIFIED TRUE COPY OF A REGISTRATION DOCUMENT
on file with Vital Statistics, Saskatchewan
Date Issued/Date de délivrance

COPIE CERTIFIÉE CONFORME D'UN BULLETIN D'ÉVÉNEMENT
conservé dans les dossiers de l'État et de l'Établissement de données

[Redacted]

Patricia A. Dewar
Patricia A. Dewar
Registrar / Registrant



SASKATCHEWAN