

ONCE COMPLETE, RETURN THIS FORM WITH PAYMENT TO THE ADDRESS ON PAGE 2

This personal information is being collected under the authority of the *Vital Statistics Act* and will be used to issue certificates for births, deaths and marriages. This information is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Department of Health and Social Services (see contact information provided on this form).

MAILING ADDRESS (PLEASE PRINT)

Name Certificate is Being Mailed To		Mailing Address	
Home Phone No. ()	Work Phone No. ()		
E-mail		City/Town/Village	Postal Code

IF BIRTH CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname (If married, maiden surname)		Given Name(s)		Birth Date-Y/M/D		Gender <input type="checkbox"/> M <input type="checkbox"/> F			
Place of Birth (City/Town/Village) NORTHWEST TERRITORIES									
Surname of Father		Given Name(s)		Birthplace of Father					
Maiden Surname of Mother		Given Name(s)		Birthplace of Mother					
Type of Certificate Required (specify quantity) _____ Wallet _____ Paper (Long Form) _____ Restricted Photocopy						OFFICE USE ONLY		Registration Number	

IF MARRIAGE CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname of First Party		Given Name(s)		Birthplace of First Party					
Surname of Second Party		Given Name(s)		Birthplace of Second Party					
Date of Marriage - Y/M/D		Place of Marriage (City/Town/Village) NORTHWEST TERRITORIES							
Type of Certificate Required (specify quantity) _____ Wallet _____ Paper (Long Form) _____ Restricted Photocopy						OFFICE USE ONLY		Registration Number	

IF DEATH CERTIFICATE(S) REQUIRED, COMPLETE THIS SECTION (PLEASE PRINT)

Surname of Deceased		Given Name(s)		Age	Date of Death-Y/M/D		Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Place of Death (City/Town/Village) NORTHWEST TERRITORIES									
Permanent Residence of Deceased, prior to death				Marital Status					
Mother's Name		Father's Name		Spouse's Name					
Type of Certificate Required (specify quantity) _____ Paper						OFFICE USE ONLY		Registration Number	

PLEASE INDICATE REASON FOR APPLICATION

Signature of Applicant X		Date - Y/M/D	State Relationship to Person Named	Fee Enclosed \$

OFFICE USE ONLY

Amount Received	Refund/Return	Notes		
Receipt No.				

