



**A-Plus**  
Registry Services Ltd.

**Application for Certificate, Search,  
or Certified Photographic Print of  
Birth/Stillbirth, Marriage or Death**

**FOR AGENT USE ONLY**

Name of Agent

**All areas of the section "REQUIRED INFORMATION" must be completed or the application will be returned.**

**REQUIRED INFORMATION**

Name of Applicant

If Company, Attention of      Your Reference number (if applicable)

Mailing Address

City      Province (Country)      Postal/Zip Code

I require these certificates for the following purpose      Phone No. (during day)

State your relationship to person named on certificate

Signature of Applicant      Date Signed

Registry Account Number

Fee      Method of Payment

\$       Cash       Cheque       Charge Account

Special Instructions/Comments

**FOR VITAL STATISTICS USE ONLY**

**SHADED AREAS FOR VITAL STATISTICS USE ONLY**

**BIRTH**

Last Name (give **MAIDEN** name if certificate is for a women)      Given Names       Male       Female      Type      Quantity

Date of Birth / Stillbirth      Place of Birth / Stillbirth (city, town or village)      Name of Hospital Where Birth / Stillbirth Occurred      Wallet (not available for Stillbirth)

Month by Name    Day    Year      Only Births that occurred in Alberta

Last Name of Father      Given Names      Birthplace of Father      Framing (not available for Stillbirth)

Maiden Name of Mother      Known By Any Other Last Name      Given Names      Birthplace of Mother      Certified Photographic Print

Date of Registration      Place of Registration      Amendment Number      Registration Number      Searched      Double Searched      Verified

Search Letter

**MARRIAGE**

Last Name of Groom      Given Names      Birthplace of Groom      Type      Quantity

Last Name of Bride (prior to this marriage)      Given Names      Birthplace of Bride      Wallet

Date of Marriage      Place of Marriage (city, town or village)      Framing

Month by Name    Day    Year      Only Marriages that occurred in Alberta

Date of Registration      Place of Registration      Amendment Number      Registration Number      Certified Photographic Print

Searched      Double Searched      Verified

Search Letter

The release of the medical certificate (cause of death) is restricted to adult next-of-kin only (mother, father, son, daughter, brother, sister, spouse or common-law spouse). Attach documents to show proof of relationship. If a birth certificate is supplied it must show parentage.

**DEATH**

Last Name of Deceased      Given Names      Age       Male       Female      Type      Quantity

Date of Death      Place of Death (city, town or village)      Martial Status      Framing Certificate

Month by Name    Day    Year      Only Deaths that occurred in Alberta

Usual Residence of Deceased Prior to Death (city, town or village)      Date of Birth       Never Married      Medical Certificate (available to Stillbirth)

Month by Name    Day    Year       Marries      Certified Photographic Print

Date of Registration      Place of Registration      Amendment Number      Registration Number       Common Law      Search Letter

Widowed       Divorced

Searched      Double Searched      Verified