



Date:							
Send to:							
Fax:							
From:	Certific	ates Expres	S				
Fax:	(416)96	(416)962-2968					
O URGENT	○ REPLY ASAP	OPLEASE COMMENT	O PLEASE REVIEW	O FOR YOUR INFORMATION			
Total pages,	including cover: 5						

Thank you for choosing Certificates Express Ltd. Please ensure the following is completed and signed:

- 1) Government Application Form
- 2) Signed Authorization Letter This will allow us to act on your behalf
- 3) Signed Terms and Conditions Agreement this makes sure that you understand what we do and what, if any, limitations there are.
- 4) Signed Credit Card Slip and invoice with the credit card # and the expiry date or any other proof of payment. We cannot proceed until we receive payment.
- 5) If possible, a travel letter or proof of urgency written confirmation must accompany application for Government urgency request.

Once the enclosed forms have been completed, fax them back to us A.S.A.P. Do not hesitate to call us with any questions/concerns. Your attention in this matter is appreciated and thank you for your business.

Regards,

Comments:

Certificates Express

Certificates Express Ltd. 40 Pleasant Blvd., Suite 100 Toronto, Ontario M4T 1K1 Canada

Phone: Toll-free: (877) 663-6606

Fax: (416) 962-2968

Email: info@certificatesexpress.com

Website: http://www.certificatesexpress.com



TOLL-FREE: (877) 663-6606 FAX: (416) 962-2968

Invoice

Date			

Please complete the form below to receive	vour certificates and information.
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Applicant® Name - Last Name	First Name	Middle Name		
Street Number	Street Name	Apt. No.		
Suleet Number	Sueet waine	Apt. No.		
City, Town or Village	Province	Postal Code		
Phone Number	X	E-Mail Address / Fax		
Government Fees	•			
First Birth Certificate (includes bas	sic information such as name, date and place o	•		\$ \$_
First Certified Copy (contains all re	egistered information, including parents' inform	ation and signatures)	\$ 35.00	\$ \$ \$
	es basic information such as name, date and pl			\$
	des all registered information, including signatu			\$ \$
Certificates Express	Ltd. Fees			
Urgency Service				\$
Eurodited Comics	G.S.T. (Urge	ency Service)		\$
Expedited Service		edited Service)		\$ \$
Processing (each certificate reque	ested, includes GST)			\$
Delivery (Ontario only; check Cert	tificates Express website for charges outside o	of Ontario) (includes GST)	\$ 25.45	\$
Total Payment				
Terms and Conditions:				
 Applicant assumes all responsibility and liability illegible information on application forms. Where required, all forms must have an authorize Applicant must qualify based on government star. The authorization letter provided must be accome. "CEL" assumes no responsibility and/or liability for Applicant agrees to be bound by the following to requests for refunds must be made within 24 ho has received written notification from the applic for services,government fees,G.S.T. and delivery f) Payments can be made in the form of a certific responsible for credit/debit authorization or app "CEL" provides Urgent/Rush/Accelerated Service b) Where required, a valid guarantor must be ava provided must be completed and signed and musholidays and closures for any reason(s) voids Urg "CEL" provides Regular Service when the follow documentation varies by jurisdiction. b) Any time by "CEL" upon receipt of certificate from the gov d) All other terms and conditions apply. 	EL" certifies that all information the applicant provides, both writter te applied for on applicant's behalf and for no other purpose, that the information on government forms is true and complete. "Cled guarantor in order to process, andards in order to receive and/or be eligible to receive certificates, panied in order for "CEL" and/or one of its authorized representative for government processing and/or producing of certificates, erms and conditions with regard to PAYMENT: a) Payments by Visa jurs of placing the order. A minimum fee of \$100 + G.S.T. may applicant of a cancellation in such a manner as to afford "CEL" reasonal y charges, if applicable. There are no G.S.T. charges on government ed cheque, money order or bank draft. However, processing period roval. h) The applicant authorizes "CEL", in accordance with the fee only when the following terms and conditions are met: a) The serviciable for confirmation — this is a government requirement. c) All gest accompany application in order that the "CEL" authorized repressigent Service. f) In some cases, proof of urgency must be provided. Fing terms and conditions are met: a) Regular Service is based on state of the provided regarding the receipt of requested documents is an evernment. In other cases, the issuing government will forward the colpial registry office to be eligible for a birth certificate. Please not circle and conditions are more cases.	tes to obtain certificates on your behalf. a, Mastercard, debit card, other. b) All py. c) The aforementioned term and cor bie opportunity to act on said request. It fees. e) "CEL" service fee is over and will only commence upon receipt. g) Tollowing terms and conditions, to initiatice is offered by the jurisdiction in chargovernment terms and conditions must entative can process and obtain certificelease contact us for more information andard government processing. Time frestimation, not a guarantee. c) In some ompleted doccument directly to the ap	ayments and tradition is in full d) "CEL" agree d above any app 'he applicant ac te credit/debit é ge of the certifibe met. d) The ate documents. 'ame for receipt cases, the appl plicant. This var	ansactions are final. force and effect until s to charge applicant sit of the properties of the force and effect until sit of the government forces that "CEL" is nentries on their behalf cate being requested authorization letter e) Government of the requested icant will be notified ries by jurisdiction.
Payment: Usa I N	Mastercard 🔲 Cheque 🔲 Deb	oit	y):	
Name of Cardholder	Signature of Cardh	nolder		
Card Number	Expiry Date (Month	n/Year)		

OFFICE OF THE REGISTRAR GENERAL

STANDARD THIRD PARTY AUTHORIZATION FORM

(Where someone other than an authorized representative is submitting an application, or picking up documents, a completed Third Party Authorization/Consent form MUST accompany the application).

I, (name of applicant), authorize
of Certificates Express Ltd. (name of representative/organization
representing applicant) to apply/pick-up a(name of document), on my behalf.
I understand that I am hereby sharing my personal information with a third party, and that the Office of the Registrar General does not and will not assume any responsibility or liability for the misuse of my personal information by the third party representative I have authorized to act on my behalf.
Signature
Date



Ministry of Office of the Government Services Registrar General

REQUEST FOR DEATH CERTIFICATE X

If you have any questions, please contact the

(For deaths whi	ich took place	in Ontario only)
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Office of the Registrar General P.O. Box 4600, 189 Red River Road Thurder Ray ON P7B 618	(THIS S	PACE RESERVI	ED FOR OFFICI	E USE ONLY)
Thunder Bay ON P7B 6L8 Outside Toronto 1 800 461-2156 or in Toronto 416 Fax. 807 343-7459	325-8305 or			
Plea In the context of this form, the	ase PRINT clearly in blue word 'Applicant' refers		completing this	s Request.
Applicant Name	- -	<u> </u>		
First Name	La	st Name		
Mailing Address	1			
Organization / Firm (if applicable)				
Street No. Street Name		Buzzer No.	Apt. No.	PO Box
City/Town	Province	Country		Postal Code
Telephone Number Ext.				
What Information are you Requesting and	d How much will it Co	ost?		
Death Certificate (File Size) This contains basic information, such as name		\$15.00 each	Quantity	\$
Certified Copy of Statement of Death (Lo This contains all information registered on the				
		\$22.00 each	Quantity	\$
Certified Copy of Statement of Death and This contains all information registered on both Certificate of Death including signatures and of the Company of th	h the Statement of Death a	and Medical	d Long Form)	
Search		\$22.00 each	Quantity	\$
A search results in a letter that either confirms a confirms and If you don't know the exact date of death, choose for this purpose, and write it in the space provided years before and after, for a total of five years. Yo increments of five years.	e a year based on information d for the date. We will search	n you may have ob n that whole year p	tained lus two	
Range of years searched to	Each 5 y	ears searched	\$15.00	\$
anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian your reclearing house, or by VISA, MasterCard or American Express. US applicants may submit a US Postal money order in US funds. We will not accept post-dated funds.	te is rejected because of in Please note that fees are ange without notice. If you equest by mail, you can page or money order, made paister of Finance, or by VIS arCard or American Express public counter, you can ask or debit card.	e subject for de send past ay by To ol ayable AA, Atten SS. 77 G lso pay	eaths that happe 70 years. btain older reco Archives of Ont tion: Vital Statist renville Street, nto ON M7A 2R	ario ics Reference Archivist
Your Payment Options				
Cheque or Money Order. Please make payable to: "Minister of Finance"	Credit card payment: Your fax numb	ou must pay by coper is 807 343-7 MasterC	459.	are faxing your request to us. American Express
Card Number			Expiry Date	e (Month / Year)
			. , ,	
Name of Cardholder	Signature	of Cardholder		

Details of Decease	sed Person							
Last Name of Deceased			First Name		Middle Nar	me(s)		
Date of Death Year Month Day	Sex	Age (at	t time of death)	Marital Status (at time of death)	ne Place of Death (City, Town, Village)			
If the person was marrie (Last name before marri		w relations	hip at the time of First Name	of death, name of spouse of	or partner Middle Nar	me(s)		
Mother's Maiden Name	(Last Name before	marriage)	First Name		Middle Nan	ne(s)		
Father's Name (Last Na	ame)		First Name		Middle Nan	ne(s)		
Details of Applica	ant (If you are <u>only</u>	applying fo	r a death certific	ate, please skip this section	n.)			
If you are applying for a please indicate to which				or a Medical Certificate of ion #1) you belong:	f Death (Long	Form or Extended l	Long Forr	n),
Next of Kin								
Parent	Spouse/Comm	on Law Pa	artner	Child	Sibling			
If all of the above Next	of Kin are decease	d, and you	u are the Exten	nded Next of Kin (see ins	truction #1), p	olease indicate your		
relationship to the dece	eased person							
Kin or if all the Next of I	Kin are deceased, y	ou are the	e Extended Ne		ral requires y	ou to certify that you	u are the	Next of
I, of Kin, or all of the Next	, am the	ed and la	am the Evtende	of ad Next of Kin		I certify the	at I am th	e Next
		su, anu i e	an the Extende	ed Next of Kill.				
Authorized Represent Authorized Represent Authorized Represent Application (see Installation (see Inst	entative of any enti	tled individ	dual (see Instru	uction #2). Proof of autho	rization is red	quired must be attac	hed to th	е
Why are You Red	questing this l	nforma	tion? (Sele	ct One)				
pension benefits	insurance							
immigration	estate se	ttlement	oth	ner (describe)				
collecting information ab	out myself and the p nent to the service re	erson(s) na equired, an	amed on the Re	ocument/information, and occur from such other sour ure of such information to the such information to	ces as may be	e necessary to verify	the inform	nation on
Signature of Applica	nt		Daytime -	Telephone Number	ı Evt	Date Signed	Manth	Davi
			()	Ext.	Year	Month	Day .
certified copies, extracts security and law enforce directed to: The Deputy P Outside Toronto 1 800 4	s, certificates, or sea ement purposes. It i Registrar General, O	rch notice s an offen ffice of the	s and to verify to ce to wilfully me Registrar General	thority of the Vital Statistic the information provided a take a false statement on eral, P.O. Box 4600, 189 R x. 807 343-7459.	and your entitl this form. Qu	lement to the service lestions about this co	e requeste ollection s	ed and for should be
*Spouse, **Common La	aw Partner, Mother iduals are decease	, Father, I	Daughter, Son tended Next of	Kin may apply. Extende				ude:
	er means two peopl	e living to		lously in a conjugal relat ionship of some perman				of no
Instruction #2 Authorized Representa guardianship acting on				or or administrator, a pers vidual.	son with pow	er of attorney or a p	person wi	th legal
Instruction #3								
		e of appo	intment of esta	ate trustee, letters of adr	ninistration, a	a will, proof of powe	r of attori	ney
Mail the Completed	•					service than 6-	8	
The Office of the Reg P.O. Box 4600 189 Red River Road Thunder Bay ON P7B 6 Fax. 807 343-7459				weeks, plea www.servic				