



Registration Number	
Amendment Number	
Service Request Number	Pre-Registration Number

This information is collected in accordance with the *Vital Statistics Act and Regulations*. It is required by Vital Statistics to register or amend the event and may be used for statistical and genealogical purposes or delivering joint provincial and federal programs. Collection is authorized under s.33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection can be directed to Vital Statistics @ Box 2023, Edmonton, AB T5J 4W7 or 780-427-7013 (toll free 310-0000 within Alberta).

Consent to Amend

I, _____
Print Full Name of Person Providing Their Consent

of _____
Street Address City/Town/Village/Hamlet Province/Country Postal/Zip Code

give my consent to _____
Print Full Name of Applicant

who is my _____ for the purpose of
Relationship to the Applicant

amending the _____ on the _____
Type of Amendment (e.g.: given name, place of birth of parent, sex indicator, etc.) Type of Record (birth, death, marriage)

record of _____
Print Full Name of Person whose Record is to be Amended

From _____ To _____

Date _____ Signature _____

This consent must be dated and signed within 1 year from the date of the application.

Witness Information (must be 18 years of age or older)

I, _____
Print Full Name of Witness

of _____
Street Address City/Town/Village/Hamlet Province/Country Postal/Zip Code

state that:

- My relationship to the above person giving their consent is _____
- I am not involved in, and do not stand to benefit from, or be impacted by the application or service being requested, and am not otherwise in a conflict of interest with respect to the application or service being requested.
- I am 18 years of age or older.

Date _____ Signature _____

This consent must be dated and signed within 1 year from the date of the amendment application.