

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 to determine your eligibility to apply for products and services, search Vital Statistics registration records and process your request. 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' staff @ Box 2023, Edmonton, AB T5J 4W7 or 780-427-7013 (toll free 310-0000 within Alberta).*

**AFFIDAVIT  
of Relationship**

In the matter of an application for a Vital Statistics certificate/certified copy,

I, \_\_\_\_\_,  
Full Name

of \_\_\_\_\_,  
Full Address

**make oath and say:**

That I am applying for the certificate or certified copy of a registration of:

- ☐ Birth  
☐ Marriage  
☐ Death

of \_\_\_\_\_.  
Full name of person whose document is being ordered

In accordance with the list of eligible applicants prescribed in the *Vital Statistics Act*, I am eligible as:

**Check one only**

☐ Adult Next-of-Kin \_\_\_\_\_  
Specify Relationship

**OR**

☐ Adult Relative \_\_\_\_\_  
Specify Relationship

of the person whose document is being ordered.

**Note: This affidavit is not acceptable as proof of next-of-kin for the purposes of ordering a certified copy of a Medical Certificate of Death.**

**Sworn/Affirmed** before me at \_\_\_\_\_

in the Province of \_\_\_\_\_

dated \_\_\_\_\_



**X**

\_\_\_\_\_  
Signature of Declarant

**X**

\_\_\_\_\_  
Signature of Notary Public / Commissioner for Oaths in  
and for the Province of Alberta

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Expiry Date of Commission