



Ontario

MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY
Ministère des Services au public et aux entreprises

APOSTILLE

(Convention de La Haye du 5 Octobre 1961)

1. Country: / Pays :

Canada

This public document / Le présent acte public

2. has been signed by / a été signé par

JUDITH M. HARTMAN

3. acting in the capacity of / agissant en
qualité de

Vital Stats Register

4. bears the seal / stamp of / est revêtu du
sceau / timbre de

DEPUTY REGISTRAR GENERAL

Certified
Attesté

5. at / à

Ottawa, Ontario

6. the / le 2026-05-05

7. by / par

Manager ServiceOntario Ottawa

8. N° / sous n°

9. Seal / stamp / Sceau / timbre :

10. Signature / Signature :



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Ontario
Office of the Registrar General
Bureau du registraire général

Certified A True
Photostatic
Print of a Record

Photocopie certifiée
conforme d'un document

on file at the
Office of the Registrar General
Ontario, Canada

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Registration Number:
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Date issued:
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Numéro de dossier :

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Jun 26 2009

90265270-01-3

V.S.A. 1960
Form 2

SEE OTHER
SIDE FOR
INSTRUCTIONS

PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT
STATEMENT OF BIRTH

039181

(For use of Registrar General only)

CODE

1. PLACE OF BIRTH:

City, town, village or township of TORONTO

Name and address of hospital or nursing home

(If birth occurred at home, give house number and street)

County or territorial district of MUNICIPALITY OF DISTRICT OF TORONTO

2. PRINT NAME OF CHILD IN FULL

3. DATE OF BIRTH

5. PLEASE STATE IF MOTHER IS: Married, Widowed, Divorced or Single MARRIED
(The term "Common law" or "Separated" not to be used)

6. FATHER (Print full name)

7. MOTHER (Print full name)

8. State if birth was single, twin, triplet or other

11. Total number of children born to this mother

(a) Number born alive including this birth

(b) Number living at date of this birth including this child

(c) Number born dead after 20 weeks' pregnancy

12. Permanent residence of child's mother at time of this birth

13. Name of medical practitioner or nurse in attendance at this birth

Post Office Address

I certify that the above stated particulars are true, to the best of my knowledge and belief, this

Date April 23 1971
(month) (day) (year)

Signature

Address

(For Division Registrar use only)

I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the statement, this

MAY 3 1971
(month) (day) (year)

[Signature]
(Signature of Division Registrar)

6867

(Registration number)

Code No. 200627
(Code number)

(This space for office notation only)

9004-2.7: 5-7-68

Judith M. Hartman

Judith M. Hartman
Deputy Registrar General
Registraire générale adjointe
de l'état civil

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