EC2012-211

MUNICIPALITIES ACT CITY OF SUMMERSIDE DESCRIPTION OF BOUNDARIES (CORRECTION OF AN ERROR) ORDERED

Having under consideration a resolution from the City of Summerside and a recommendation from the Minister of Finance, Energy and Municipal Affairs, Council pursuant to clause 9(1)(b) of the *Municipalities Act*, R.S.P.E.I. 1988, Cap. M-13 corrected an error in the description of the boundary line for the City of Summerside by adjusting the boundary line to coincide with the corrected property lines of Provincial Property No. 70581, thereby adding approximately fifteen (15) acres of land to the City of Summerside, effective May 5, 2012, and as indicated on an amended plan filed in the Registry Office for Prince County by the Minister of Finance, Energy and Municipal Affairs pursuant to section 6 of the *Municipal Boundaries Act*, R.S.P.E.I. 1988, Cap. M-11.

EC2012-212

VITAL STATISTICS ACT

REGULATIONS AMENDMENT

Pursuant to section 40 of the *Vital Statistics Act* R.S.P.E.I. 1988, Cap. V-4.1, Council made the following regulations:

- 1. Forms 2 and 8 of Schedule A of the *Vital Statistics Act* Regulations (EC453/00) are revoked and Forms 2 and 8 as set out in the Schedule to these regulations are substituted.
- 2. These regulations come into force on May 15, 2012.

SCHEDULE

FORM 2 STATEMENT OF BIRTH [Subsection 3(1) of the Vital Statistics Act]

9-2201-26.1: 1989-01-05											THIS IS A PERMANENT LEGAL RECORD Type or write plainly and complete all items											Form 2	
Release of Information Ath									ittendant formatio	i n	Γ	Parent	s Inform	ation	Г	Birth Particula	irs	Child's Information					
		Addelions:		By signing below, I give on child's Social Insurance I	29. APPLYING FOR S	вогодожи и	I undersian dithet the nece and for any provincial ben	28. APPLYINGFOR C	Certification of parent	Mailing address of mother	Attendant	Birth Date	Birthplace	Namo	Parents		Other Birth Particulars	Mother's usual residence	Place of Birth	Date of Birth	Name of Child	Province of Prince Edward Island (Canada) Vital Statistics	
Month (by name)	St. St.	I certify this return was a coepted by me -	By (phigh that y plan consert is to Dender of PSE Yest Statistic) decide, and is Server Canal in Speriting with i known Resource and Statis Constitution of the constitution of the server conserved with the server of the server	29, APPLYING FOR SO CIAL INSURANCE NUMBER	Bongsa Mother 2 Social Insurance Autrice (List restart that the accessey information from this register to make the disease developed approximating to precise propriation for the Casase Color for developed and the first feed of the Casase Color for the Casase C	28. APPLYINGFOR CANADA CHILD BENEFITS	28.1 certify the foregoing to be true and correct to the best of my knowledge and be left: X	25. Complete maiin gaddress (#Bern different from 8)	24. Name and address of attending Medical Practitioner (or other attendent)	18. Month (by name), day, year of birth	17. City, town or other place (by name) and province (or occurity, if octable Ceneda)	16. Sun arreo i child's fatherb ther parent (print ortype)	Father/Other Parent	14. Was this child conceived as a result of Assisted Conception? (See back for definition). Yes 🗆	Duration of pregnancy (in completed weeks) Number of weeks	8. Complete street address, if rural give exact bookinn (nort PO or RP address)	7. Name of Inopital (Tnot in hospital, give exact basionwhere birthocurred)	3. Morth (Byrname), day, year of birth	1. Surname (print or type)	eEdward Island tistics		
day year	SET			Senkie Cana da (Dperating within Human Resource clare that I am either a Canadian cilizen orthold p	enrice Canada (Dpending within Human Resources		Adher's Deytime Flore Number	e Canada Revenue Agency ib process my applicat setdly I am a Canadian Cibican or Permasent Re		Signature of Mother Signa X		other eitendent)	19. Age (at time of this birt)	nty (footside Canada)	Given names	Provincial Health Number	nception? (See back for definition). Yes 🗆 No 🗆	Number of children ever Number Number born to this midber Livetom (either (including this hirth)	O or AR address). City, town, village or other place (by mane)	are birthocoursed). City, town, vilage or other place (by name	4. Kin dof Birth (state whether) Single Twin Other (specify)	First given name Second	Statement of Birth
			Parent's Signature	es and Skills Development Canada) it permanent resiblent status in Canad		Biological Mother's C	ion for the Canada Child Tax Benefit, I sident and that I am the primary can		Signature of Father Other Parent X.		Medical	22 Month (b)	21. City, bwr	20. Maiden s	ber Mother		(Of)	s (bymans) County	e (by name)	5. Number o	Second givenname Allother givennames	Birth •/43)	
				collect the required infor la		Skriogical Mother's Current Sumanne (palat ortype)	he Universal CNNf Care E e giver for the child iden		27		Medical Practitioner Nurse	22 Month (bynsns), day, year of birth	orother place (by name)	Maden sumane of child's mother (print or type)		15. Any obvious congenital malib mation in child? Ites	rams			5. Number of Silbom in this event		Pa	
Sign	DO NOT WRITE IN			mation regarding my child		ype) Biological Mother's Signatur Se	brieff, the Goods and Sen bified altorea		27. Date signed - Morth (Bynamo) day yea		Other		21. City, bennorother place (by name) and province (or occurity, if outside Canada)	print or type)		n inchild? 'tts	12. Are the paients married to each other? '6s No	Province (or Country)	County	6. If twin,	2 Sex of Child Male Female	Registration No. (Office use only)	
Signature of Registra r	DO NOT WRITE IN THIS BOX - OFFICE USE ONLY		See Revers e Side for instruction	bith for the purpose of applying to may		's Sign etue Se e Re verse Side for Instruction	vices: Tauthi amonized Sales Tau Credit		апто) фау, укат		.Specify:	23. Age (at fitte of this birth)	Toutside Canada)	Given marnes	Provincial Health Number	No.	13. If the poemic are not merried to each ther sist a whether the midher is Single	Protei Code	Postal Code	6. If twin, triplet, state whether frischild was born 1st □ 2nd □ 3nd □	Provincial Health Number	Munea	

NOTICE

Section 3 of the Vital Statistics Act provides

- (1) Within thirty days after the birth of a child in the province, at least one parent of the child or another
 prescribed person shall, in accordance with the regulations, complete and provide a statement
 respecting the birth and the parents to the division registrar.
- (2) If a pregnancy results in the birth of more than one child, a separate statement for each child shall be completed and provided in accordance with subsection (1), and each statement shall state the number of children born and their order of birth.
- (3) Where a registered statement is completed by only one parent of the child or by a person who is not the child's parent, the Director shall amend the statement on application of any of the following
 - (a) the child's parents together;
 - (b) one of the child's parents, if the other parent is incapable;
 - (c) the child's mother, if the other parent is unacknowledged by or unknown to the mother.
- (4) If only one parent of the child applies to amend the statement, a statutory declaration of the facts justifying the application shall be attached to the application.
- (5) Where parentage is established under the Child Status Act, the Director shall, on receipt of a copy of the order, make a notation on the statement of the child to reflect the determination of parentage.

Definition

Assisted conception means conception by a means other than sexual intercourse and includes the fertilization of the mother's ovum outside her uterus and subsequent implantation of the Bertilized ovum in

SOCIAL INSURANCE NUMBER APPLICATION

If you applied on the reverse side of this form for a Social Insurance Number (SIN) for your child, the information will be sent to Service Canada (operating within Human Resources and Skills Development Canada) after the birth registration is completed. There is no fee to apply. To use this service to apply for your child's SIN, you must be a Canadian citizen or permanent resident. If you are not a Canadian citizen or permanent resident, you may still be eligible to apply for your child's SIN, but will need to apply directly to Service Canada. If you do not consent, the information on your brith registration from will not be forwarded to Service Canada. Service Canada is permitted to collect and use information being forwarded to them under the authority of the federal Employment Insurance Act. For further information, including information relating to your privacy rights, see the enclosed Service Canada insert or information can be obtained at www.servicecanada.gc.ca.

CANADA CHILD BENEFITS APPLICATION

If you applied on the reverse side of this form for the Canada Child Tax Benefit, the Universal Child Care Benefit, the Goods and Services Taxih armonized Sales Tax Credit and for any provincial benefit program administered by the Canada Revenue Agency, the Information will be sent to the Canada Revenue Agency after the birth registration is completed. To use this service to apply for these benefits you must be a Canadian Citizen or Permanent Resident and you must be the primary care giver for the child. If you do not consent, the Information on the birth registration form will not be forwarded to the Canada Revenue Agency. The Canada Revenue Agency is permitted to collect and use information being forwarded to them under the authority of the federal Privacy Act R.S., 1985. c.P-21.

8-2300-20.1: 1998-01-05

FORM 8 REGISTRATION OF DEATH [Sections 19 and 20 of the Vital Statistics Act]

									Туре о	TI r Write F	HIS IS A Plainly in	PERM. unfadir	ANENT ng ink,	RECC and Co	RD inplete A	JI Items					Forma			
8 -23 00-30.1: 2003-11-04	dredor	Funda			the state of the s				Homari Square or		Parent 2		7		φ	Bithchib		Occupation	ares estata	residence	Flace of death	diame of	Province of Pr (Canada) Vital Statistics	
9		24. Name and address of funeral director (or person in charge of remains)		23. Name and address of cemetery, germaterium or place of disposition	21. But al., germation or other disposition (specify)	21. Burial, germation or other disposition (specify)	Items 21-24 to be completed by the funeral director	19. Relationship to decessed 2	18. Address of informant	V. signatus orinomant	16. Birthplace – Ctyor place, province (or country)	15. Sumano (at b//th) and given names of Parent 2	14. Birthplace - Ctyor place, province (or country)	D. DOT MEN UN DEROUGH TO GENERAL DE LA TANIA.	The course of the best own of the course of	11. Age (years) Funder (Months) (f	9 Morth (by name), day, year of birth	8. Nind of business or inclustry in which worked	And of work done during most of working life	5. Single, market, widowed, divorced or unknown (spac)(小)	4. Complete street address. If rural give exact location (not PO or RR address)	 Name of hospital or institution (otherwise) 	 Sumains of deceased(print or type) 	Province of Prince Edward Island (Canada) Vital Statistics
See reverse		parson in charge of remains)		rium or place of disposition	(by name), day, year	efuneral director	20. Date signed (month, day, year)			country)	arent 2 (print or type)	rounty)	dense or open		(Days) Funder (Hours) (Minutes)	10. Sodal Insurance Number	rhad	ngille	rienown (spacily)	at location (not PO or RR address)	Name of hospital or institution (otherwise exact location where death occurred	First given name Sec	Registration of Death	
See reverse side for instructions		×	loarthy this return was a coopted by me on this date.	loadily this return was accepted by majorn this date.		36. Designation: Attending Coroner Medical Practitioner T. Name of medical practitioner or coroner (practic or trope)	person died on the date and from the causes stated herein:	during programcy or within 42 days the reafter	34 F decreased a woman didtha decharge	30. If adders, suidd, homidda or 31. Plac undstammed (specify) hig	27. Autopsy washeld: 28. Does the cause of death standards account of autopsy findings;	Ing to death but not causely related to the Immediate cause (a) above	Part II Other significant conditions contribut-	150	the immediate cause (a) above, stating the under- lying cause list	_	26. Cause of death Part I Immediate cause of death (a)		Medical Medical	6. If manifed, widowed, or divid cod, glw Sumania and given name of spouse	City, town village or other place (by name)	City, town, wlage or otherplace (by name)	Second given name All other glven names	Registration of Death
2. June 1. State of S					Cther Date certified: Month (by name), day, year		eafter or between 48 days and a year the reafter		, home, fam	Does the cause of death 29. May further information relating stated above take account to the cause of death		=	due to, oras a consequence of	due to, or as a consequence of	due to, or as a consequence of	_		Medical Certificate of Death	d given name of spoose	County Province Restal code (or country)	County Restal cod	2 Sex Round's HealthNumber	Right signing. (Department use only)	
	1				ctsy, year					on on or						00 14	Approx. Interval between			_ *	_ * - -	- 1		

		8-2300-30.1:2003-	11-04							_	_	_	_	_	_	_	
The SN is a critical price of information to enable accumble inleage and special insurance Number The SN is a critical price of information to enable accumble inleage and special insurance Number (equitor, Canada Pension Plan, Old Age Southy, Canada Pension Plan, Old Age Southy, Canada Revenue Agency, etc. Bast the person holding that SN is now deceased. This reduces overcomments and will implice it such insurance Number (equitor, Canada Pension) and the south of the South Insurance Number (equitor, Canada Pension) and the South Insurance Number (equitor) and the	"Stillbirth" means the complete of conception, in which, after su muscle. (V.S. Act, 1986). The s	Other significant conditions contributing to the death, but not related to the disease or condition causing it.	=		Antecedent causes Morbid conditions, if any, giving rise to the above cause, staing the underlying condition last.	Disease or condition directly leading to death.		-	The following examples illust	(g) Veolent Deaths Coroners, me due to accident, suicide, or homi should be designated as such, a	 Cancer. – in all cases the organ or pert FIRST affected should be specified 	 (a) Maternal Deaths, - Quality all diseases resubing from programmy, childrich miscantage or doortice, e.g., "puoperal septicearria", "sciempals, arising during pregnancy". Distinguish between exploseme originaling in abortion and in childrich. 	 (d) Accepted terms for morbid conditions should always be used – never record mere symptoms 	(c) Entries under Group II should be reserved for "other significant conditions contributing to the death, but not related to the disease or condition causing it	(b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent are first and then others in order	(a) Name first the immedate cause of death, i.e., the disease, injury or complication which caused death (not mode of dying or terminal condition)	Medical Practitioner's Medical Certificate of Death. — The motidocorditors relating to death are divided on the certificate into two groups. In Group I are those related to the Cheeses or condition death groups in clearly proceed the conditions of the certificate into two groups. In Group II, throat cases a determed of cause under floating to death and the certificate into the certificate in the certificate i
	expulsion or extraction from the expulsion or extraction, special stillbirth registrations.		(d) due to (or as a consequence of)	(c) due to (or as a consequence of)	(b) due to (or as a consequence of)	dueto (oras a consequence of)	(a) Lobar pneumonia	Example 1	rate the essential principles in	(g) Volent Deaths. — Concrem, motical examiners and modical practicenes who centry to deaths from volent causes should be suited as five from the first should be absorbed, a suite, and then stated the marine sortistates of relay. The discumstances of each accident should be assisted as fully as possible, e.g., a motor which accident should be deathed as fully as possible, e.g., a motor which accident should be desired as not not the type of vehicle incorrect, provide our; the following examples that has the because of principles in the use of the form. The following examples that has the because of principles in the use of the form.	or pert FIRST affected should	iseases resulting from pregnan in and in childbirth.	tions should always be used –	reserved for "other significant	ns (if any) of which it was the co	of death, i.e., the disease, injur	refitate of Death The morbi nt causes", and in Group II, obt tion is not desired, the entry of cause it is important that these in the light of the certifier's views
	Stilbirth "means the complete expulsion or extraction from its mother; after at least 20 weeks pregnancy or after attaining a weight of at least 500 grams, of a product obconception, in which, after such expulsion or extraction, there is no breating, beating of the heart, pulsation of the umbilical cord, or unmatakable movement of voluntary muscle. (V.S. Act, 1989). The aspecial stillbirth registration form must be used in registering a stillbirth.		(d) due to (or as a consequence of)	(c) due to (or as a consequence of)	(b) due to (orașa consequence of)	due to (or as a consequence of)	(a) Pulmonary tuberculosis	Example 2	n the use of the form.		be specified.	oy, chidbirth, miscamage or abo	never record mere symptoms.	conditions contributing to the de-	onsequence, in order of causal re	y or complication which caused:	id conditions relating to death an wer significant conditions contribu- la single cause being presentes be stated in the position provids point.
			(d) due to (or as a consequence of)	(c) due to (or as a consequence of)	(b) Acute appendictis due to (oras a consequence of)	due to (or as a consequence of)	(a) Acuteperkonitis	Example 3				rton, e.g., "puerperal septicaemi		sth, but not related to the disease	lationship (due to) stating the mo	leath (not mode of dying or termi	divided on the certificate into twiting to the death but not related to all cases where this can be red on the form as indicative of their
	aining a weight of at least 50 s umbilical cord, or unmistale	Ononic interstitial nephritis	due to (or as a consequence of) due to (or as a consequence of)	(c) Strangulated inguinal herria	(b) Operation due to (or as a consequence of	due to (or as a consequence of)	(a) Broncho-pneumonia	Example 4		/ indicate, in all cases, the fundar be stated as fully as possible, e.g		, "eclampsia, arising during pre-		or condition causing it".	st recent one first and then other	al condition).	groups. In Group I are those rel the disease or condition causing arrided as adequate (see Exemple mutual rebitlership. This inform
	0 grams, of a product ble movement of voluntary	Chronic bronchitis	(d) due to (orasa orresquence of)	(c) due to (or as a consequence of)	(b) Chronic nephritis due to (orasa consequence of)	due to (or as a consequence of)	(a) Uraemia	Example 5	mental distinction of whether the		manoy". Distinguish between			sinorder.		alted to the "Cleases or condition git. In most cases a statement of e1), but where the medical peacl ston is sought so that the selecti	
									-	death was							directly cause under blaner finds it on of the

EXPLANATORY NOTES

SECTION 1 replaces Forms 2 and 8 in Schedule A with new versions of the forms.

SECTION 2 provides for the commencement of these regulations.