

Reprint - INVOICE

Bill To : CAROLE JAMES
 Office : NDP CAUCUS
 Address : 1084 FORT ST
 :
 City : VICTORIA, British Columbia
 Postal Code : V8V3K4

Station : 1
 Date/Time : Nov-20-2014
 Invoice # : 19882
 Home Phone : (250) -
 Work Phone : (250) 952-4211
 Cashier : 9

Stock #	Description	Qty	Price	Discount	Sold Ext
1170	MUG BLACK/GOLD LOGO	1	11.16	-2.23	8.93
1062	TEA BAGS	1	8.00	-1.60	6.40
1062	TEA BAGS	1	8.00	-1.60	6.40
1187	CHOCOLATE BAR SPEAKER'S	1	9.00	-1.80	7.20
1042	PARLIAMINTS WINTERGREEN	1	4.04	-0.81	3.23
1066	TUMBLER BLACK CERAMIC COFFEE MUG	1	16.07	-3.21	12.86
1017	ORNAMENT PAINTED PARLIAMENT	1	17.86	-3.57	14.29

SUBTOTAL: 59.31
 GST: 2.33
 PST: 2.53
 TOTAL: 64.17

PROTOCOL #5320

PAYMENTS
 ACCOUNT: 64.17
 CHANGE: 0.00

Total Savings: : \$ 14.82

Please submit your cheque made payable to the
 Legislative Assembly of British Columbia and remit
 to:

Parliamentary Education Office
 Room 141, Parliament Buildings
 Victoria, BC V8V 1X4

PAID
 36.00



**BRITISH
COLUMBIA**

Tech, Innovation & Citizens' Svcs
Queen's Printer
Distribution Centre - Victoria
(250)387-3309

Bill To: [REDACTED]

NOV 05 2014

CAROLE JAMES - MLA
VICTORIA-BEACON HILL CONSTITUENCY
1084 FORT ST
VICTORIA BC V8V 3K4

*PROTOCOL
5320*

Invoice

Document Number	Date
93344572	03-Nov-2014
Sales Order/PO No.	
20141028113344633	
Customer Ref./PO Date	
28-Oct-2014	
Delivery Number	Date
82783628	04-Nov-2014
Order Number	Date
32699250	28-Oct-2014
Customer Number/2nd Reference No.	
[REDACTED]	
Originator/Telephone	
[REDACTED]	2509524211

Page 1 of 1

Product #	Description	Quantity	Price/Unit	Amount	Tax
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9910841004	PIN, LAPEL, STELLER'S JAY	60 EA	1.30 /EA	78.00	PG
9910841001	PIN, LAPEL, PROVINCIAL SHIELD	40 EA	1.40 /EA	56.00	PG
9910841002	PIN, LAPEL, DOGWOOD,	60 EA	1.30 /EA	78.00	PG
9910841005	PIN, LAPEL, LOGO, COAT OF ARMS,	70 EA	1.25 /EA	87.50	PG

Subtotal	[REDACTED]		
GST/HST #	[REDACTED]	5.000 %	[REDACTED]
PST	[REDACTED]	7.000 %	[REDACTED]

Total (CAD)

Protocol = 335.45

To our valued customer, if you would like to expedite payment, please pay by credit card. VISA, Master Card and AMEX are accepted. Please call 250-356-6122 or 250-387-4179.

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
Queen's Printer, P.O. Box 9452 Stn Prov Govt, Victoria BC V8W 9V7
A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONoured CHEQUE. NOTICE: TERMS NET 30 DAYS.
INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.

Tax Indicators: G - GST/HST P - PST PST# PST# [REDACTED]

Printed: 11/04/2014 [REDACTED]

save-on-foods #973
Westside_Village
B.C. OWNED AND OPERATED
Visit www.saveonfoods.com
G.S.T # [REDACTED]

Payable to [REDACTED]

Ice cream for teachers
BBQ special event

PAID
3549

WF Sundae Cups 23.44 G
4 @ 5.86
WF Sundaes 46.88 G
8 @ 5.86

Sub Total \$70.32

Card \$\$ pts [REDACTED]

Tax-Code Taxable-Value Tax-Value
GST 70.32 3.52

BALANCE DUE \$73.84

Debit \$73.84
[CHQ] XXXXXXXXXXXX [REDACTED]

TRANSACTION RECORD

SLIP # 0030155919 TERM E0973D30
** Purchase **
CAD 73.84 CHIP
DEBIT # ***** [REDACTED]
ACCOUNT Chequing RESP 001
DATE 09/08/2014 TIME [REDACTED]
AUTH # 575790 REF # 492001001058
APPL.: Interac
AID: A0000002771010
TVR: 8000008000 TSI: 6800

Approved

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER'S TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

CHANGE \$0.00

Community EVENTS

5300

SPECIAL EVENTS
5300

Mich
Where Creativity Happens

CANADIAN TIRE #365

2959 DOUGLAS ST
VICTORIA, BC V8T 2N1
250-361-3152

NO RETURNS ON CUT MATERIALS
OR AUTO ELECTRICAL PARTS

REG #: 12/03/2014 [REDACTED] TRANS #: 39
OPERATOR #: 396 Float: 001

5X051-2828-8	@ \$	4.990 ea.
051-2902-0	4" LED ACRYLIC S	\$ 24.95
	25L LED SNWFLK	\$ 9.99
	SUBTOTAL	\$ 34.94
	GST 5%	\$ 1.75
	PST 7%	\$ 2.45
	TOTAL	\$ 39.14
	VISA TEND	\$ 39.14

VISA PURCHASE

VISA #: ***** [REDACTED]
CHIP CARD
2014/12/03 [REDACTED]
REF #: 66026430 0010010011 C
AUTHORIZATION #: 090759
A0000000031010
VISA
0000008000F800

01 APPROVED - THANK YOU 027
IMPORTANT

Retain this copy for your records

My CT 'Money' Account #:
***** [REDACTED]

e-CT 'Money' Collected Today \$ [REDACTED]
e-CT 'Money': \$ [REDACTED]
Bonus e-CT 'Money': \$ [REDACTED]

e-CT 'Money' Balance: \$ [REDACTED]

Collect 10X e-CT 'Money' when you pay
for your purchases with a Canadian Tire
Options MasterCard.

CUSTOMER COPY

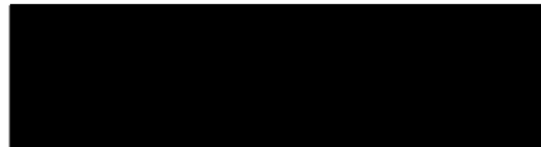
Michaels
Where Creativity Happens™

Michaels
Where Creativity Happens

MICHAELS STORE #3501 (250)475-6801
MICHAELS OF CANADA
305 CLOVERDALE AVE, UNIT 100
VICTORIA, BRITISH COLUMBIA V8X 2S9

Michaels
Where Creativity Happens

** Return Barcode **



3894 SALE 2216 3501 006 12/03/14 [REDACTED]

PAPER SHRED RED J 400100726556 5.49 1 @ 5.49 T



BASKET MD BAMBOO 886946503627 6.49 1 @ 6.49 TS

	SUBTOTAL	[REDACTED]
GST	5%	80
	PST 7%	84
	TOTAL	13.42

Michaels
Where Creativity Happens

Auth # 070764

Visa [REDACTED]
8-9541-9195-4345-8870-4111-2115-1146-2959

Michaels
Where Creativity Happens



he

SPECIAL EVENTS

5300



Country Grocer Esquimalt
You'll Feel Like Family
1153 Esquimalt Road
Victoria, B.C.

Cashier: [REDACTED]

SNOWCREST CRANBERRIES	2.50
ICE CUBE	3.49
ROGERS CUBE SUGAR	2.69
DECORATED TREE	5.99 B
CERAMIC BALL POINSETTIA	4.97 B
* U SAVED WITHOUT A CARD \$1.02	
POINSETTIA IN CERAMIC BALL	4.97 B
* U SAVED WITHOUT A CARD \$1.02	

	SUBTOTAL	24.61
15.93	PST 7%	1.12
15.93	GST 5%	0.80
	TOTAL	26.53
	DEBIT CARD	26.53
	CASH BACK	0.00

U SAVED WITHOUT A CARD \$2.04
Item Count 6

Thank You For Shopping At Country Grocer
"Proud To Be Part Of Your Community"
Telephone# (250) 382-5515

Date	Time	Lane	Clerk	Trans #
12/04/14	[REDACTED]	7	5	60

Wholesale Club

EVERYTHING FOOD SERVICE
 www.wholesaleclub.ca
 INVOICE #: 0670807031242429

WHOLESALE CUSTOMER
 Account # : [REDACTED]

0 -
 Tax Exempt # :
 Expiry :
 Payment Due : 0 Days.

GROCERY

(2)06038305537	PC GINGERALE	GRJ	
2 @ \$0.99			1.98
*(2)9142	RECYCLING	GRJ	
2 @ \$0.05			0.10
*(2)9278	DEPOSIT	RJ	
2 @ \$0.20			0.40
05960006177	MM PINK LEMONADE	RJ	
\$1.29 ea or 3/\$3.75 KB			
4 @ 3/\$3.75			5.00
06148311716	FM 1% MILK	RJ	
\$2.07 ea or 2/\$3.94 KB			
1 @ \$2.07 ea			2.07
06148316016	HALF/HALF CRM	RJ	1.89
(2)03120044526	COCKTAIL JCE	RJ	
2 @ \$3.59			7.18
*(2)7612	RECYCLING	RJ	
2 @ \$0.05			0.10
*(2)253	DEPOSIT	RJ	
2 @ \$0.20			0.40
06132810512	BATH TISSUE	GPRJ	16.99
06132861755	WS NAPKIN-1000SH	GPRJ	10.97
PRODUCE			
05719731036	MANDRIN SDLS 9LB	RJ	7.98
4012	ORANGE NAVEL LG	RJ	
0.510 kg @ \$2.80/kg			1.43
HOME			
04116516185	SOLO CUP 100Z	GPRJ	
\$3.49 ea or 3/\$9.87 KB			
3 @ 3/\$9.87			9.87
FLORAL			
06038372685	6.5" POINSETTIA	GPRJ	
\$8.99 ea or 2/\$16.98 KB			
1 @ \$8.99 ea			8.99
SUBTOTAL			75.35
G=GST 5%	48.90 @ 5.000%		2.45
P=PST 7%	46.82 @ 7.000%		3.28
TOTAL			81.08
Number of Items: 18			

Payable to [REDACTED]

Supplies for Holiday
 Open House

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

PAID
 3610

SPECIAL EVENTS
 # 5300

Special
events
5300

City Of Victoria

THANK YOU
RECEIPT C1

ENTRY TIME:
21.10.14
EXIT TIME:
21.10.14
PARK-DUR.: HRS:MIN

AMOUNT:
FEE: \$ 11.50
VAL: - \$ 0.00

\$ 11.50

VISA
XXXXXXXXXXXX
XXXXXX
REF. 38

GST No.
GST. INCLUDED

wholesale club

EVERYTHING FOOD SERVICE
www.wholesaleclub.ca
INVOICE #:0670810121044767

CASH SALES
Account #:

0 -
Tobacco Tax #:
PST #:
Payment Due : 10 Days

GROCERY

067001037		RJ	5.97
*9731	ROLLING	RJ	0.36
*7751	DEPOSIT	RJ	0.60
06190105339	SPR SELECT CANDY	GRJ	
	\$9.97 ea or 4/\$35.88 KB		
	1 @ \$9.97 ea		9.97
05563307472	NV CR RSTD ALM	GRJ	1.97
06563327846	TRAIL MX BAR-DRK	GRJ	1.97
06563344796	NAT VAL TRAIL MX	GRJ	1.97

SUBTOTAL 22.81

G=GST 5% 15.88 @ 5.000% 0.79

TOTAL 23.60

Number of Items: 5

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 4309290
Wholesale Club
846 Viewfield Road
Victoria BC
STORE 06708 TERM Z0670810
SLIP # 476700 REG 10
RETAIN THIS COPY FOR YOUR RECORDS
** Purchase ** Chip
Chequing
CARD # ***** EXP **/**
Interac
REF # AUTH # RESP 001
106001001037 183504 ISO 00
AID: A0000002771010
TSI 6800 TUR 8000008000

DATE 10/12/2014 TIME AMOUNT \$ 23.60

APPROVED

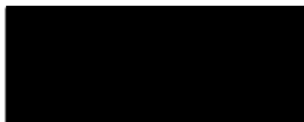
DEBIT TND 23.60

GST #
THANK YOU FOR SHOPPING AT THE WHOLESALE CLUB
MANAGER NAME: Charles
Thank You, Come Again!
CAN'T FIND IT? ASK US!
846 Viewfield Road
250-381-4078
2014/10/12

215
TELL US HOW WE DID TODAY!
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
SEE CUSTOMER SERVICE DESK FOR FULL
CONTEST RULES OR WWW.STOREOPINION.CA
STORE: 06708
CODE: 101214 153510 4767 06708

10 4/67

SPECIAL
EVENTS
5300



THE MARKET ON YATES
OPEN DAILY 7AM TO 11PM
Phone# 381-6000
903 YATES ST.
WWW.THEMARKETSTORES.COM
GST# [REDACTED]
RECEIPT REQUIRED FOR REFUNDS & EXCHANGES
001-009 10/16/2014 [REDACTED] 109 Self C
Inv#:00056945 Trs#:058896



THE MARKET ON YATES
OPEN DAILY 7AM TO 11PM
Phone# 381-6000
903 YATES ST.
WWW.THEMARKETSTORES.COM
GST# [REDACTED]
RECEIPT REQUIRED FOR REFUNDS & EXCHANGES
001-009 10/16/2014 [REDACTED] 109 Self C
Inv#:00056945 Trs#:058896

SPECIAL EVENTS

5300

D/LAND MILK 2% 473mL \$1.59
EAT SMART PETITE VEG TRAY 62 \$9.99 GST
MUNCHIES ORGNL SNACK MIX 300 \$4.29 GST

Net Sales \$15.87
Tax 1 \$0.71
TOTAL SALES \$16.58

SUB TOTAL \$16.58
Debit card \$16.58

Thursday
04 Dec 2014

1044257

GST# [REDACTED]

THRIFTY FOODS™

Personal Shoppers Sheet - Central

Shopped by: Dec 4 2014 [REDACTED]

* Carol James MLA Office
Order Confirmation: (250) 952-4211
Substitutions: Same Size Different Brand

Phone 1: (250) 952-4211
Phone 2: (250) 952-4211

Qty	Description	CD	Price	Size	Subtotal	Substitution
Aisle: 0						
1	✓ Made To Dunk Lrg	2526	\$24.99	1EA	\$24.99 G	_____
1	✓ Try & Top This Platter	2471	\$32.99	1EA	\$32.99 G	_____
1	✓ Wrap n Roll Platter	2470	\$49.99	1EA	\$49.99 G	_____
Aisle: 24						
1	Ⓟ Thrifty Made Meat & Cheese Platter Large	2014	\$42.99	1EA	\$42.99 G	_____
1	✓ Thrifty Made Veggies A La Raw Platter Large 16 in	2789	\$54.99	1EA	\$54.99 G	_____
Aisle: 25						
1	✓ Platter Shortbread	2022	\$24.99	1EA	\$24.99 G	_____
Aisle: 35						
1	___ HDS Delivery Fee	2807	\$5.00	1EA	\$5.00 G	_____

Service Fee *SPECIAL EVENT* \$0.00 G

Estimated Total (including taxes) *#5300* **\$247.74**

PAID
3602

Payment Type: Not Paid

Notes: delivering 4 deli and 2 bakery trays from #6 on Thurs Dec 4 between [REDACTED]
[REDACTED] is the contact at 250.952.4211
business cheque upon delivery

COMP: please contact [REDACTED] the day prior so they can prepare the cheque with the final amount, thanks

Your order was shopped by: _____

Please Note: that if there is a discrepancy between the displayed prices and the cash register receipt prices, the cash register receipt prices will be deemed correct.

Carole James, MLA
(Victoria - Beacon Hill)
Parliament Buildings
Victoria, BC V8V 1X4

Community Office:
1084 Fort Street
Victoria, BC V8V 3K4
Telephone: 250 952-4211
Facsimile: 250 952-4586



**Province of
British Columbia**
Legislative Assembly



Carole James, MLA
(Victoria-Beacon Hill)

January 15, 2015

Financial Services
Legislative Assembly of B.C.
614 Government St
Victoria, BC V8V 1X4

To Whom It May Concern,


I am writing to explain the documentation we have for expenditures related to Project Connect. Held for the past six years in October, Project Connect is a popular service fair for people who are homeless and in extreme poverty. It is organized by the Greater Victoria Coalition to End Homelessness, and offers a long list of much-needed services for hundreds of individuals each time it is held. Our office participates in this service fair by providing an ID clinic. The clinic assists low-income individuals without any ID to start acquiring ID once more. As part of the clinic, we apply for up to 75 birth certificates for individuals without any ID and cover the application cost.

As the 2014 Project Connect fell within the third quarter, almost all the certificate applications were sent in this quarter. The table below details the total number of applications to each province, the amount paid for each application, and the cheque numbers associated with the applications. Attached is the page from each province's application form that verifies the cost per certificate.


Province	Number of Applications	Amount per Certificate	Cheque Numbers*	Total per Province
British Columbia	32	\$27.00		\$864.00
Yukon	3	\$10.00		\$30.00
Alberta	8	\$39.64		\$317.12
Saskatchewan	2	\$25.00		\$50.00
Manitoba	2	\$30.00		\$60.00
Ontario	9	\$35.00		\$315.00
Quebec	1	\$44.50		\$44.50
New Brunswick	3	\$25.00		\$75.00
Nova Scotia	4	\$32.05		\$128.20
Newfoundland	1	\$20.00		\$20.00
TOTAL				\$1903.82

*Some provinces will accept one cheque for multiple certificate applications, such as B.C., but most do not.



If you have any question about these expenditures, please do not hesitate to contact me at 

Sincerely,



Constituency Assistant to MLA Carole James

BRITISH COLUMBIA



APPLICATION FOR BIRTH CERTIFICATE OR REGISTRATION PHOTOCOPY

Did you know that you can save yourself time and effort by ordering your certificate using our on-line electronic ordering system? This service is secure and easy to use and does not cost anything additional. Click here or type <https://www.vs.gov.bc.ca/ecos/> into your Internet Browser.

MAILING ADDRESS INFORMATION

NOTE: Please PRINT your name, address and identifying information clearly. This portion will be used when mailing your service or correspondence.

FOR OFFICE USE ONLY: AFS#

SURNAME	GIVEN NAMES
MAILING ADDRESS	
CITY, PROVINCE/STATE, COUNTRY	
POSTAL CODE	
HOME PHONE (INCLUDING AREA CODE)	WORK PHONE (INCLUDING AREA CODE)
IF COMPANY, ATTENTION:	

BIRTH DETAILS	SURNAME						<i>NOTE: If application is for the birth certificate of a married person, the surname at birth/adoption or following a legal change of name, must be provided; not the surname from marriage</i>
	GIVEN NAMES & SEX	First	Middle Names			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	DATE & PLACE OF BIRTH	Month (ex: Feb)	Day	Year	City	Province BRITISH COLUMBIA	

FATHER / PARENT DETAILS	SURNAME				
	GIVEN NAMES	First	Middle Names		
	BIRTH PLACE	City	Province/State	Country	

MOTHER DETAILS	SURNAME*						<i>* NOTE: Mother's Maiden Surname (Surname before marriage)</i>
	GIVEN NAMES	First	Middle Names				
	BIRTH PLACE	City	Province/State	Country			

NUMBER OF SERVICES REQUIRED (see reverse for fee information and limits on number of certificates)
 The Birth Certificate is available in 2 versions. One contains personal information only, the other includes parental information. Both are the same size and are mailed separately.

<input type="checkbox"/> Certificate (Individual Information only) <input type="checkbox"/> Certificate (Includes Parental Information)	} regular service - \$27.00 per certificate (average 2 to 5 business days processing time)	<input type="checkbox"/> Registration Photocopy, Regular Service - \$50.00 per photocopy (average 20 business days processing time)
<input type="checkbox"/> Certificate (Individual Information only) <input type="checkbox"/> Certificate (Includes Parental Information)	} Courier Service* - \$60.00 per event	<input type="checkbox"/> Registration Photocopy, Courier Service* - \$60.00 per photocopy

**NOTE: All services, other than courier services, will be mailed. Courier service requests are produced the next business day. Delivery time is dependent on shipping destination. Fee includes the cost of the search of our records. A certificate will be generated upon confirmation of a record held. If no record of the event is found, the fee will be applied to the search process. Courier Service will not be attempted at the following residence types: post office box, apartment complex, homes that utilize Super Box mailboxes and Basement suites. Instead, a delivery notice with instructions will be left at those residences and the package delivered to the nearest postal outlet. ID and signature will be required upon pick up.*

YOUR RELATIONSHIP TO BIRTH
 Self *Mother (if child is under 19 or incapable) *Father/Parent *Other (requires written authorization from an eligible applicant)

Reason Certificate Required _____
NOTE: If the above particulars are not completed in full, or if the correct payment per service requested is not enclosed, your request will be returned by mail.

YOUR SIGNATURE (written): _____

Payment Methods			
<input type="checkbox"/> Cheque *	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
<small>* Postdated cheques are not accepted</small>			
AMOUNT ENCLOSED \$ _____	<small>Interac/Cash payment may be made in person at one of our three offices. If paying by cheque or money order, make payable to the Minister of Finance.</small>	_____ Card holder signature	_____ <i>PRINT</i> Card holder name as shown on Credit Card
Credit Card # _____		Expiry date _____	

**APPLICATION FOR CERTIFICATE
OR SEARCH**

Box 2703, Whitehorse, Yukon Y1A 2C6
(867) 667-5207, toll free 1-800-661-0408

Note: Certificates may only be issued for births,
marriages and deaths which have occurred in the Yukon.
The fee for each certificate is \$10.

*PLEASE READ NOTES ON REVERSE OF THIS FORM.

**DEMANDE DE CERTIFICAT
OU DE RECHERCHE**

C.P. 2703, Whitehorse (Yukon) Y1A 2C6
867-667-5207, sans frais 1-800-661-0408

Remarque : Le présent certificat ne peut être délivré que pour
les naissances, les mariages et les décès survenus au Yukon.
Le droit pour chaque certificat est de 10 \$.

*VEUILLEZ LIRE LES REMARQUES AU VERSO.

Incomplete applications may cause delay.
Des renseignements incomplets peuvent retarder le traitement de la demande.

Please indicate type and number of certificates required
Veuillez indiquer le genre et le nombre de certificats demandés

BIRTH • NAISSANCE	If birth certificate(s) required, complete this section (please print). Pour un certificat de naissance, remplir cette partie (en lettres détachées).			Individual Information Certificat abrégé	
	Surname (if married, give surname at birth) • Nom (dans le cas d'une personne mariée, nom à la naissance)			Given names • Prénom(s)	M • H <input type="checkbox"/> F • F <input type="checkbox"/>
	Year • Année	Month • Mois by name • au long	Day • Jour	Place of birth (city, town, village) • Lieu de naissance (ville/village)	Territory/province • Territoire/province
	Birth surname of parent • Nom du parent à la naissance		Given names • Prénom(s)	Birthplace of parent • Lieu de naissance du parent	
Birth surname of parent • Nom du parent à la naissance		Given names • Prénom(s)	Birthplace of parent • Lieu de naissance du parent		
					Includes Parental Information Certificat détaillé
					Restricted photocopy Photocopie à usage restreint
					No. of older siblings born to this mother Nombre de frères et sœurs plus âgés nés de la même mère

MARRIAGE • MARIAGE	If marriage certificate(s) required, complete this section (please print). Pour un certificat de mariage, remplir cette partie (en lettres détachées).			Wallet Portefeuille		
	Surname • Nom			Given names • Prénom(s)	Birthplace • Lieu de naissance	M • H <input type="checkbox"/> F • F <input type="checkbox"/>
	Surname • Nom			Given names • Prénom(s)	Birthplace • Lieu de naissance	M • H <input type="checkbox"/> F • F <input type="checkbox"/>
	Year • Année	Month • Mois by name • au long	Day • Jour	Place of marriage (city, town, village) • Lieu du mariage (ville/village)	Territory/province • Territoire/province	
					Framing Encadrement	
					Restricted photocopy Photocopie à usage restreint	

DEATH • DÉCÈS	If death certificate(s) required, complete this section (please print). Pour un certificat de décès, remplir cette partie (en caractères d'imprimerie).			Framing Encadrement		
	Surname of deceased • Nom de la personne décédée			Given names • Prénom(s)	Age • Âge	M • H <input type="checkbox"/> F • F <input type="checkbox"/>
	Year • Année	Month • Mois by name • au long	Day • Jour	Place of death (city, town, village) • Lieu du décès (ville/village)	Territory/province • Territoire/province	
	Permanent residence of deceased prior to death • Résidence permanente de la personne décédée avant son décès			Marital status • État civil		

Please indicate the reason for application • Veuillez indiquer le motif de la demande		Telephone • Téléphone	
		Daytime • Jour () Evening • Soir ()	
Language preferred French <input type="checkbox"/> English <input type="checkbox"/> Langue de correspondance Français <input type="checkbox"/> Anglais <input type="checkbox"/>			
State relationship to person named • Indiquez votre lien de parenté avec la personne susmentionnée		Signature of application • Signature du demandeur ¹	
		X	
Name • Nom	Year • Année	Month • Mois	Day • Jour
c/o Carole James Community Office			
Address • Adresse		*Fee enclosed with this application *Droits joints à la présente demande \$ 10.00 \$	
1084 Fort Street		Remarks • Remarques	
City • Ville/village	Territory, province • Territoire/province	Postal code • Code postal	
Victoria, British Columbia		V8V 3	

PAYMENT PAIEMENT	Amount • Montant \$ _____ \$	Credit Card # • Carte de crédit n° _____	Expiry Date • Date d'expiration _____
	<input type="checkbox"/> Cash • Comptant	<input checked="" type="checkbox"/> Cheque • Chèque	<input type="checkbox"/> Money Order • Mandat
	<input type="checkbox"/> Visa • VISA	<input type="checkbox"/> Master Card • Master Card	<input type="checkbox"/> American Express • American Express
Signature • Signature _____			

¹Dans le présent, les expressions désignant les personnes visent à la fois les hommes et les femmes.
*Please read notes on reverse of this form • *Veillez lire les remarques au verso

This page must be completed and sent with the application.

Cost of Certificates: Each certificate/document costs \$39.64 Canadian Dollars.

Choose one of the following service options:

Please do not send in your own pre-paid or pre-addressed envelopes of any kind.

GOLD SERVICE OPTION

- Cost - \$39.64 per document fee, plus \$30 rush processing service fee, plus delivery fee of the courier.
(Delivery cost varies according to destination)
- If you are paying by cheque or money order, please contact us to get your courier delivery estimate.
- Rush processing of application (we will contact you by phone if there are problems with your application).
- Document sent out by Rush courier (fastest delivery option).

* If your documents are being delivered to a company, the company name, full street address, postal code, phone number and contact name must be provided. If the contact person is not you, please provide an explanation.

* Courier packages cannot be delivered to a PO Box or left in a mailbox. For delivery by courier, provide a daytime address where the package can be delivered to in person and signed for. Any additional courier costs for an undeliverable, redirected, or returned package will be charged directly to the client.

SILVER SERVICE OPTION

- Cost - \$39.64 per document fee, plus \$30 priority processing service fee.
- Priority processing of application (we will contact you by phone if there are problems with your application).
- Document sent out by regular mail.

BRONZE SERVICE OPTION

- Cost - \$39.64 per document fee only (no other fees will apply).
- Regular processing of application.
- Contact by letter if there are problems with your application.
- Document sent out by regular mail.

For all Service Options:

If applicable, provide e-mail address:

Payment Options: PAYMENT IS NON-REFUNDABLE

A \$30.00 service fee is charged for all NSF or returned payments. It is considered fraudulent to obtain a government issued document without payment. All fraudulent payments will be investigated.

Cheque or Money Order (drawn from a Canadian or US bank)

Cheque or Money Order payable to Registry Connect Number of Certificates: _____ Amount Enclosed: \$ _____

If you would like Gold Service, please contact Registry Connect by phone or e-mail for your courier cost estimate.

Please **PRINT** your e-mail address clearly: _____

Credit Card

Number of Certificates: _____

If you would like to pay for your request using a VISA or Mastercard credit card, please contact Registry Connect at 780-415-2225.

Please **PRINT** your e-mail address clearly: _____

SASKATCHEWAN



Information Services Corporation

Vital Statistics Registry

1301 - 1st Avenue, Regina, Saskatchewan, S4R 8H2
Toll Free: 1-866-275-4721 Fax: 306-787-2288

APPLICATION FOR BIRTH CERTIFICATE

Please read instructions carefully and print clearly. Incomplete applications WILL NOT be processed.
If boxes marked with an "*" are not filled in, your application is incomplete.

ORDER DETAILS	1 PRODUCT DETAILS				
	Type of Product Requested		*Quantity	Type of Product Requested	
	Short Form Birth Certificate (\$25.00)			Certified Photocopy of Registration of Live Birth (\$50.00)	
Long Form Birth Certificate (\$25.00) (Needed for Passport if 16 and under)			Genealogical Photocopy of Registration of Live Birth (\$50.00)		
BIRTH DETAILS	2 DETAILS OF PERSON NAMED ON CERTIFICATE ["Subject"]				
	3 *Subject's Last Name at Birth	4 *Subject's First Given Name	5 Subject's Second Given Name(s)		
	6 Subject's Current Last Name	7 *Subject's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	8 *Subject's Date of Birth - Month/Day/Year		
	9 *Subject's Place of Birth - City/Town/Village/Other Saskatchewan		10 Birth Registration Number	11 Sibling Order	
MOTHER'S DETAILS	12 *Mother's Last Name at Birth	13 *Mother's First Given Name	14 Mother's Second Given Name(s)		
	15 Mother's Current Last Name	16 Mother's Date of Birth Month/Day/Year	17 *Mother's Place of Birth - City/Town/Village/Other AND Province/State AND Country		
	18 Father's Last Name at Birth (if on Birth Registration)	19 Father's First Given Name	20 Father's Second Given Name(s)		
FATHER'S DETAILS	21 Father's Current Last Name	22 Father's Date of Birth Month/Day/Year	23 Father's Place of Birth - City/Town/Village/Other AND Province/State AND Country		
	24 Other Parent's Last Name at Birth (if on Birth Registration)	25 Other Parent's First Given Name	26 Other Parent's Second Given Name(s)		
	27 Other Parent's Current Last Name	28 Other Parent's Date of Birth Month/Day/Year	29 Other Parent's Place of Birth - City/Town/Village/Other AND Province/State AND Country		
OTHER PARENTS' DETAILS	30 Other Parent's Last Name at Birth (if on Birth Registration)	31 Other Parent's First Given Name	32 Other Parent's Second Given Name(s)		
	33 Other Parent's Current Last Name	34 Other Parent's Date of Birth Month/Day/Year	35 Other Parent's Place of Birth - City/Town/Village/Other AND Province/State AND Country		
	36 FOR OFFICE USE ONLY				
5 Reg Date. Reg #:					
Date Received. Date of Pick-Up:					
APPLICANT DETAILS MAILING ADDRESS DETAILS	37 THE FOLLOWING MUST BE COMPLETED BY THE PERSON APPLYING FOR THE BIRTH CERTIFICATE ["Applicant"] *A readable photocopy of the Applicant's identification MUST be attached to this Application for Birth Certificate.				
	38 *Applicant's First Given Name	39 Applicant's Second Given Name(s)	40 *Applicant's Current Last Name		
	41 *Mailing Address - Apartment # - Street # - Street Name - R.O. Box 1084 Fort Street		42 If Mailing Address is to a Business, Attention:		
	43 *City/Town/Village/Other Victoria	44 *Province/State British Columbia	45 *Country Canada	46 Postal / Zip Code V8V 3K4	
	47 Telephone - Home (250) 952-4211	48 Telephone - <input type="checkbox"/> Work <input type="checkbox"/> Cell	49 Email alice.ross@leg.bc.ca		
	50 *Reason Why Certificate is Requested Lost		51 *Applicant's Relationship to Person Named on Certificate <input checked="" type="checkbox"/> Myself <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Parent <input type="checkbox"/> Other:		
	52 *Method of Delivery Requested <input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Picked Up <input type="checkbox"/> Priority Service: Additional \$30.00	53 *Payment Method: CANADIAN FUNDS ONLY <input type="checkbox"/> Debit or <input type="checkbox"/> Cash - In Person Only <input checked="" type="checkbox"/> Cheque or <input type="checkbox"/> Money Order - Payable to ISC IF <input type="checkbox"/> Visa, <input type="checkbox"/> MasterCard or <input type="checkbox"/> ISC Account (Complete Payment Information Form and attach to Application)		54 *Payment Amount \$ 25.00	
	55 *Signature of Applicant		56 *Date Applicant Signed Application - Month/Day/Year Oct/17/2012		

Section 4 - Birth document may be released to: / La personne suivante peut recevoir l'attestation de naissance :

Check one box that applies to you and sign below / Cochez la case qui s'applique à vous et signez ci-dessous :

You, if the application is for your own certificate / Vous-même, si la demande concerne votre propre certificat

Either parent named on the record of the child / Un des parents inscrits sur le certificat d'un enfant

Legal guardian (submit a complete copy of guardianship papers) / Tuteur légal (présenter une copie de tous les documents relatifs à la tutelle)

Representative with written authorization from person entitled, parent, or guardian / Représentant disposant d'une autorisation écrite de personne autorisée, du parent ou du tuteur

Next-of-kin, if application is for a birth certificate for a deceased person / Personne faisant partie des plus proches parents, dans le cas d'une demande pour un certificat de naissance touchant une personne décédée.
 Familial relationship to deceased / Lien familial avec la personne décédée : _____
 Date & place of death / Date et lieu du décès : _____

Signature of eligible person / Signature de la personne admissible : _____

Print name of eligible person / Nom de la personne admissible (en lettres moulées) : _____

Section 5 - Type of service / Type de service

REGULAR SERVICE / SERVICE ORDINAIRE
 (Processing time may vary / Le délai de traitement peut varier)
 - Delivered by Canada Post / Livraison par Postes Canada
 - Fee / Coût : \$30 per document / 30 \$ par document

RUSH SERVICE / SERVICE RAPIDE
 (Processed within 24 hours, if birth is registered. Courier time is additional. / Une fois la naissance enregistrée, le certificat est produit dans les 24 heures sans compter le temps de livraison)
 - Delivered by Courier / Livraison par messenger
 - Fee / Coût : Canadian destination / Livraison au Canada \$65 / 65 \$
 US destination / Livraison aux États-Unis \$75 / 75 \$
 International destination / Livraison internationale \$105 / 105 \$ } Includes one document. Cheques for rush service must be certified / Comprend un document. Pour le service rapide, les chèques non certifiés ne seront pas acceptés

Courier address (if different than mailing address) / Adresse du messenger (si elle diffère de l'adresse postale) : _____

Signature required upon delivery / signature requise au moment de la livraison

Name / Nom		Company name (if applicable) / Nom de l'entreprise (s'il y a lieu)			
Street No. / N° de rue	Street Name / Nom de rue	Apt. no. / N° d'app.	Buzzer No. / N° de sonnerie	PO Box / C. P.	
Postal Code / Code postal	City / Ville	Province		Country / Pays	
Fees subject to change without notice, please check our website for current fee schedule / Les montants peuvent être modifiés sans préavis, veuillez voir notre site Web pour le barème des droits courants.				Telephone number / N° de tél.	

Section 6 - Method of payment / Mode de paiement

Cash / Argent comptant } In person only / en personne seulement

Debit card / Carte de débit } J'autorise le Bureau de l'état civil à débiter de ma carte la somme de : \$ _____

MasterCard / Visa

Cheque / Chèque

Money Order / Mandat } Payable to the Minister of Finance / À l'ordre du ministre des Finances

Certified Cheque / Chèque certifié }

Credit Card number / Numéro de carte de crédit : _____ Expiry date / Date d'expiration : _____

Cardholder's name / Nom du titulaire de la carte : _____ Cardholder's signature / Signature du titulaire de la carte : _____

No post dated cheques will be accepted / Aucun chèque postdaté ne sera accepté.
 A \$20 service fee will be charged on returned cheques / Des frais administratifs de 20 \$ seront imposés pour les chèques retournés.

30 ADMINISTRATION FEE WILL BE RETAINED WHEN CUSTOMERS DO NOT RESPOND TO REQUESTS FOR ADDITIONAL INFORMATION REQUIRED TO COMPLETE THE SERVICE.

NOTICE UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information requested on this form is collected pursuant to *The Vital Statistics Act* and the requirements for the release of birth information. If you have any questions regarding the collection or use of this information, please contact Vital Statistics Agency.

Available in other formats upon request.

DES FRAIS ADMINISTRATIFS DE 30 \$ SERONT RETENUS SI LE CLIENT NE FOURNIT PAS LES RENSEIGNEMENTS SUPPLÉMENTAIRES NÉCESSAIRES POUR FOURNIR LE SERVICE REQUIS.

AVIS EN VERTU DE LA LOI SUR L'ACCÈS À L'INFORMATION ET LA PROTECTION DE LA VIE PRIVÉE

Les renseignements demandés sur le formulaire sont recueillis conformément à la *Loi sur les statistiques de l'état civil* afin de satisfaire aux exigences relatives à la délivrance de documents d'attestation de naissance. Si vous avez des questions au sujet de la collecte ou de l'utilisation de ces renseignements, veuillez communiquer avec le Bureau de l'état civil.

Disponible en autres formats sur demande

Enquiries
 Telephone: (204) 945-3701
 Toll-Free (within Canada): 1-866-949-9296
 Fax: (204) 948-3128
 E-mail: vitalstats@gov.mb.ca
 Web Site: http://vitalstats.gov.mb.ca
 Address: Vital Statistics Agency
 254 Portage Ave Wpg MB R3C 0B6

Renseignements
 Téléphone: 204 945-3701
 Numéro sans frais (au Canada): 1 866 949-9296
 Télécopieur: 204 948-3128
 Courriel: vitalstats@gov.mb.ca
 Site Web: http://vitalstats.gov.mb.ca
 Adresse: Bureau de l'état civil
 254, avenue Portage, Wpg MB R3C 0B6

Request for Birth Certificate

For births which took place in Ontario only

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

If you have any questions, please contact the Office of the Registrar General
 189 Red River Road
 PO Box 4600
 Thunder Bay ON P7B 6L8
 Telephone: 1 800 461-2156 (outside of Toronto)
 416 325-8305 (in Toronto)
 416 325-3408 (TTY/Teletypewriter)
 Fax: 807 343-7459

Please PRINT clearly in blue or black ink.

In the context of this form, the word "Applicant" refers to the person completing this Request. This may or may not be the 'Person Named on the Birth Certificate'.

Applicant's Name

First Name	Last Name
------------	-----------

Mailing Address

Organization / Firm (if applicable) c/o Carole James Community Office				
Street No. 1084	Street Name Fort Street	Apt. No.	Buzzer No.	PO Box
City Victoria		Province British Columbia		
Country Canada	Postal Code V8V 3K4	Telephone Number (including area code) 250 952-4211	Ext.	

What Information are you Requesting and How much will it Cost?

Birth Certificate (Short form) *Not issued for deceased persons*
 This includes basic information, such as name, date and place of birth

First birth certificate.....	\$25.00	\$	<input type="text"/>
Replacement birth certificate.....	\$35.00	\$	<input type="text"/>

Certified Copy of Birth Registration (Long form)
 This contains all registered information, including parent's information and signatures. It is provided in the form of a certified copy.

First certified copy of Birth Registration.....	\$35.00	\$	<input type="text"/>
Replacement certified copy of Birth Registration.....	\$45.00	\$	<input type="text"/>

Search Letter
 This is a letter saying the record is or is not on file. If you don't know the exact date of the birth event, choose a year based on information you may have obtained for this purpose, and write it in the space provided for the date. We will search that whole year plus two years before and after, for a total of five years.

Search Letter.....	\$15.00 for each 5 year period to be searched	\$	<input type="text"/>
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BIRTH

Application for a Certificate or Copy of an Act

Version 2014-2015

In effect until March 31, 2015



FO-1113-A 20140401

TO THE APPLICANT

- Read the general information and instructions.
Complete all sections of the form in block letters in black or blue ink.
Include payment and the two photocopies of documents issued by two separate organizations that will allow us to establish your identity, i.e. a photocopy of valid photo ID and a photocopy of valid proof of home address.
Sign and date Section 4.

This pictogram refers you to page 4 of the general information and instructions.

Section 1: Information on the applicant

1. Applicant's surname
2. Applicant's given name
3. Home address (number, street)
4. City, town, village or municipality
5. Province
6. Postal code
7. Country
8. Area code Phone number (home)
9. Area code Phone number (other) Extension
10. If your application concerns someone other than yourself or your child, give the reason for your application and attach a photocopy of an official document as proof.
11. Does the application concern someone who is deceased?

Section 2: Information on the person concerned by the application

12. Surname
13. Usual given name
14. Other given names (separated by commas)
15. Sex
16. Date of birth
17. Place of birth (city, town, village or municipality, province or country, if abroad)
18. Place of registration of birth if it occurred before 1994
19. Surname and given name of parent
20. Capacity of parent
21. Surname and given name of the other parent
22. Capacity of parent

Section 3: Documents requested - The following fees are in effect until March 31, 2015.

You can mail your application or submit it at a service counter. The cost varies accordingly. The documents you order will be sent to you by mail.
Normal processing - Enter the number of documents requested.
Accelerated processing - Enter the number of documents requested.
Add the amounts in boxes 26 and 30 to determine the amount payable.
Total: \$

Section 4: Applicant's declaration

I solemnly declare that, to the best of my knowledge, the information provided is accurate and that I have the right to obtain the documents requested.
Applicant's mandatory signature
Date

Section 5: Methods of payment

Cash (at a service counter)
Debit card (at a service counter)
Postal or bank money order
Cheque*
Credit card
Cardholder's mandatory signature
Expiry date



NEW BRUNSWICK

APPLICATION FOR BIRTH CERTIFICATE
 SERVICE NEW BRUNSWICK
 VITAL STATISTICS
 P.O. BOX 1998 FREDERICTON NB E3B 5G4
 Telephone: (506) 453-2385
 Fax: (506) 444-4139

PLEASE PRINT CLEARLY IN BLACK INK

Part 1: Applicant Information

"Applicant" is the person who is completing this request. An "Applicant" must enter their contact information so they can be contacted if problems arise with this request.

Your Last Name	Your First Name	Your Mailing Address 1084 Fort Street	
City Victoria	Province BC	Postal Code V8V3K4	Country Canada
Day Telephone 609 2441	Alternate Telephone () - - - -	Your relationship to the person named on certificate <input checked="" type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ (specify)	
Signature of Applicant : X _____ (Person applying for certificate)		Date: _____	

Part 2: Birth Details

Enter the birth information of the person in whose name the certificate will be issued including the names of both parents and their respective places of birth. If father's information is not applicable, please put "N/A" in corresponding fields.

Last Name		Given Name(s)							
Date of Birth <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year				Sex <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth (City, Town or Village)	County
Day	Month	Year							
Father's Surname		Father's Given Name(s)		Father's Birthplace					
Mother's Maiden Surname		Mother's Given Name(s)		Mother's Birthplace					

Part 3 : Certificate Details

Step 1: Select the type, quantity of each certificate and the language you are requesting (details on what each certificate includes are outlined on the first page).

Quantity	Quantity	Language <input type="checkbox"/> English or <input type="checkbox"/> French
Short form certificate \$25.00 x _____	Long form certificate \$30.00 x _____	

Step 2: Choose the appropriate reason for why the certificate is being requested (Not providing a reason will delay processing time)

<input type="checkbox"/> Health Card <input type="checkbox"/> ID Card <input type="checkbox"/> Land Deed <input checked="" type="checkbox"/> Lost/Stolen	<input type="checkbox"/> Native Status <input type="checkbox"/> Passport <input type="checkbox"/> Pension <input type="checkbox"/> School	<input type="checkbox"/> Social Insurance Number <input type="checkbox"/> Other (specify): _____
---	--	---

Step 3: Choose the type of service and delivery for the certificate

Service Options:
 Regular Service OR Expedited Service - \$50.00 fee (does not include certificate or courier fees)

Delivery Options:

<input type="checkbox"/> REGULAR MAIL (no delivery charges apply) <input type="checkbox"/> COURIER within NB, NS or PE \$10.00 (plus applicable taxes) <input type="checkbox"/> COURIER to other Canadian destinations \$25.00 (plus applicable taxes)	<input type="checkbox"/> COURIER to the United States \$40.00 (no tax outside Canada) <input type="checkbox"/> COURIER outside Canada & US Applicant must contact the Vital Statistics office at (506) 453-2385 to make payment arrangements NOTE: Selecting courier as the delivery option does not expedite processing time. You must choose expedited service (\$50.00) to rush your application.
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Payment Options:

- Credit Card (Visa, MasterCard or American Express)
- Cheque or money order payable to SNB

Credit Card # _____ Expiry Date: _____
 Signature: _____

PART 4 – CONSENT

If you are not the person named on the birth certificate requested or if you are a parent applying for your adult child's birth certificate (child 19 years of age or older), written consent is required. Please make sure that this section is signed by the person named on the birth certificate OR that a signed letter of consent is provided with your application.

I _____ authorize that my birth certificate be issued to _____
 (Person named on birth certificate) (Name of Applicant)

Signature: X _____ Date: _____
 (Person named on birth certificate)

VITAL STATISTICS OFFICE USE ONLY

Registration Number	gBiz Reference Number	Date Issued	Issued By
---------------------	-----------------------	-------------	-----------

NOVA SCOTIA

Birth Certificate Application

MAILING ADDRESS INFORMATION - Please Print

Surname		Given Names	
Mailing Address			
City		Country	
Civic Address (if applicable)		Postal Code	
City		Country	
Home Number		Work Number	Fax Number

Office Use Only - Our File #	
Country	Postal Code
Country	Postal Code
Work Number	Fax Number
E-mail address	

BIRTH DETAILS - Use maiden name if married - include french symbols if applicable

Surname					
First Name			Middle Name(s)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Month	Day	Year	Place of Birth (City, Town, or Village)	Province <i>Nova Scotia</i>

FATHER'S/OTHER PARENT'S DETAILS - If stated on Birth Record

Surname		
First Name		Middle Name(s)
Birth Place - City, Town, or Village		Province/State Country

MOTHER'S DETAILS - Use Mother's maiden surname (surname before marriage)

Surname		
First Name		Middle Name(s)
Birth Place - City, Town, or Village		Province/State Country

SERVICES REQUESTED - Please indicate if more than one copy is required

<input type="checkbox"/> Short Form: \$32.05 per certificate	<input type="checkbox"/> Certified copy: \$38.75 per document												
<input type="checkbox"/> Long Form: \$38.75 per certificate	<input type="checkbox"/> Courier Service: \$20.00												
<table border="1"> <tr> <th>Payment Type</th> <th>Submitted by</th> <th>Credit Card</th> <th>Submitted by</th> </tr> <tr> <td><input checked="" type="checkbox"/> Cheque</td> <td><input type="checkbox"/> Mail</td> <td><input type="checkbox"/> Visa <input type="checkbox"/> American Express</td> <td><input type="checkbox"/> Mail <input type="checkbox"/> In person</td> </tr> <tr> <td><input type="checkbox"/> Money Order</td> <td><input type="checkbox"/> In person</td> <td><input type="checkbox"/> MasterCard</td> <td><input type="checkbox"/> Fax _____</td> </tr> </table>	Payment Type	Submitted by	Credit Card	Submitted by	<input checked="" type="checkbox"/> Cheque	<input type="checkbox"/> Mail	<input type="checkbox"/> Visa <input type="checkbox"/> American Express	<input type="checkbox"/> Mail <input type="checkbox"/> In person	<input type="checkbox"/> Money Order	<input type="checkbox"/> In person	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Fax _____	Credit Card Number _____ Name as shown on credit card _____ Expiry Date _____ Cardholder Signature _____
Payment Type	Submitted by	Credit Card	Submitted by										
<input checked="" type="checkbox"/> Cheque	<input type="checkbox"/> Mail	<input type="checkbox"/> Visa <input type="checkbox"/> American Express	<input type="checkbox"/> Mail <input type="checkbox"/> In person										
<input type="checkbox"/> Money Order	<input type="checkbox"/> In person	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Fax _____										
<input type="checkbox"/> Credit Card - Complete credit card section on right <input type="checkbox"/> Interac/Cash payment may only be made in person at the counter													
Your Signature _____													

OUR RELATIONSHIP TO BIRTH EVENT

<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father/Other Parent	<input type="checkbox"/> Other - Please indicate relationship
Reason Certificate required <i>lost</i>			
Note: If above particulars are not completed in full, or if the correct payment per service requested is not enclosed, your request cannot be processed.			

- 118 Humphrey Road, Bruno Plaza, Labrador City, NL

To enhance the privacy and security of a person's identity, entitlement restrictions apply for birth certificates. See "**Who is Entitled**" section below.

As well, persons applying for birth certificates are required to provide identification:

- one piece of photo ID; or
- two pieces of other ID, at least one of which contains signature or address.

If you apply for the birth certificate in Mount Pearl, there is approximately a 20 minute waiting period. If you apply in Gander, Corner Brook, Clarenville or Grand Falls-Windsor, you are still able to get them in the same day. If you apply at any of the remaining offices, there is approximately a three day waiting period. Note: Processing times are approximate and will change depending on the volume of applications received.

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Who is Entitled to Apply for a Birth Certificate

- You, if you are the subject of the birth certificate. You must be at least 16 years of age.
- A parent of a child (as established by registration documents or by court documents) until the child reaches the age of 19 years or if the child is incapable because of physical or mental incapacity.
- A custodial guardian (if no parent is capable) - proof of guardianship is required.
- A person with written authorization from one of the above.
- A person with a court order.
- A person who requires it to comply with a specific Act or regulation - proof is required.
- When the individual is deceased - proof of death is required:
 - next of kin
 - the executor, trustee or administrator of the estate; or
 - a person with written authorization from one of the above.

Be sure to include the following:

- Name
- Date of Birth
- Place of Birth
- Sex
- Name of Father and Name of Mother (including her birth or maiden surname)
- Your complete mailing address and telephone number and state your relationship to the person named on the certificate if, for any reason, you are not that person.
- Reason certificate is required
- State whether the subject of the birth certificate is deceased. If yes, provide proof of death
- Photocopies of ID as outlined above.

Birth Certificates are available in short and long form. Short form certificates do not contain parent's names. Please be sure to specify the number and type of certificate you require.

Birth certificates cost \$20.00. Cheques or money orders may be made payable to the Newfoundland Exchequer Account. If you are paying by credit card, we accept only Visa and MasterCard. We require the card number, expiry date and signature of the cardholder.

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Bundled Birth Services

- **Bundled Birth Services**

[^ Top of Page](#)



Black Press
COMMUNITY NEWS MEDIA

Black Press Group Ltd.
Box #3600
Abbotsford, B.C. V2S 4P4

RECEIVED
14-07-10

PAID

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

ACCOUNT NAME AND ADDRESS		BILLING PERIOD	ADVERTISER/CLIENT NAME
BPGH5R MT1 E D MAURINE KARAGIANIS, MLA 09779		06/01/14 - 06/30/14	MAURINE KARAGIANIS, MLA
		INVOICE #	TERMS OF PAYMENT
		32301858	Net 30 days
		ACCOUNT NUMBER	BILLING DATE
			06/30/14
		View your account information and display ad tearsheets at: http://iservices.blackpress.ca/login Account inquiries: 1-866-850-4463 or ar@blackpress.ca	
		GST REGISTRATION No	

DATE	INVOICE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	NET AMOUNT
<p>Advertising #5400</p>					
06/27	32301858	COMBO BUYS: PAGE: A 18 Canada GNG/NEWS,SNE/NEWS,VNE/NEWS 3 Color Supplement ePaper	4.6x2i	1	
06/27			27.6i		
CURRENT NET AMOUNT DUE		30 DAYS	60 DAYS	OVER 90 DAYS	TOTAL AMOUNT DUE

Finance charge on accounts over 30 days is 2% monthly (24% annual) * Invoice/Statement shall be deemed correct unless advised in writing within 30 days of billing date
We warrant that the information shown on this invoice correctly describes the advertisement that was inserted in the edition of the publication specified.

Shared with 8 offices
Victoria - Beacon Hill parkway

13 \$46.82

See email on next page

[REDACTED]

From: [REDACTED]
Sent: October 1, 2014 11:29 AM
To: [REDACTED]
Subject: Advertising Update
Attachments: 2014-06-27 - Group - Canada Day.pdf; 2014-10-01 - Black Press (Cnd Day).pdf

Hi friends,

Just wanted to give you a quick update on the Black Press advertising front. As you know, we did joint ads this summer for Canada Day, Pride and BC Day. Unfortunately, BP had some troubles getting our billing records straight. They have now fixed the problem and your next invoice will include your share of the Pride (\$350 (+tax & eFee)= \$376.94 = \$47.11 per office) and BC Day (\$350 (+tax & eFee)= \$369.86 = \$46.23 per office) ad.

ESR paid for the Canada Day ad and I would ask that you all please send a cheque for **\$46.82** (\$350 (+tax & eFee)= \$374.59/8) made payable to the "**Esquimalt-Royal Roads Community Office**" as soon as possible. I have attached a copy of the Canada Day invoice and the ad that was submitted.

Please let me know if you have any questions.

Cheers,

[REDACTED]

Constituency Assistant to Maurine Karagianis, MLA Esquimalt-Royal Roads
A5-100 Aldersmith Place View Royal, BC V9A 7M8 | 250-479 8326 | www.maurinekaragianis.ca | Follow Maurine on [Twitter](#) and [Facebook](#)

CONFIDENTIALITY NOTICE: The above message contains confidential information intended for a specified individual and purpose. The information is private and protected by law. Any copying or disclosure of this transmission by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please notify the sender immediately and delete this message and any attachments from your system. Thank you.

Camosun College Student Society

Handbook 2014/15

Invoice

3100 Foul Bay Rd.
 Victoria, BC, V8P 5J2
 Phone 250-858-3327

DATE: Nov 6th, 2014

For:
 Victoria Beacon Hill Community Office - South Island MLA AD C/O [REDACTED]

RE: South Island MLA AD Camosun Student Handbook Ad

QUANTITY	DESCRIPTION	Discount	AMOUNT
1	Full Page full color ad in the 2014/15 student handbook		\$855
		Amount Due	\$ 855
		Interest @18%	
		TOTAL DUE	\$855

Terms 30 Days

Please make all checks payable to Camosun College Student Society
 If you have any questions concerning this invoice, please contact: [REDACTED] phone: [REDACTED] e-mail: [REDACTED]

NOV 12 2014

ADVERTISING

\$5400

Shared with 5
 other offices, see next
 page for email

PAID 2596

[REDACTED]

From: [REDACTED]
Sent: April 9, 2014 2:37 PM
To: [REDACTED]
Subject: RE: Camosun Student Planner

Thanks everyone! Looks like we're all in, so I'll send you a proof once I have it. (basically the UVic ad but in full colour).

[REDACTED]

[REDACTED] Constituency Assistant to Carole James, MLA | Victoria-Beacon Hill
1084 Fort Street, Victoria, BC, V8V 3K4
250.952.4211 | [REDACTED] www.carolejamesmla.ca

-----Original Message-----

From: [REDACTED]
Sent: April 7, 2014 10:40 AM
To: [REDACTED]
Subject: FW: Camosun Student Planner

Hello everyone,

The second of the 3 student handbook ads is up. Do we all want to share an ad again for Camosun? It's a full-page, full colour ad for \$855, which works out to \$142.50 per office if all 6 offices are in. Please let me know and I'll get the ad updated.

Thank you!

[REDACTED]

[REDACTED] Constituency Assistant to Carole James, MLA | Victoria-Beacon Hill
1084 Fort Street, Victoria, BC, V8V 3K4
250.952.4211 | [REDACTED] www.carolejamesmla.ca

-----Original Message-----

[REDACTED]

Sent: April 7, 2014 10:30 AM
Subject: Camosun Student Planner

Hey [REDACTED]

It's student planner time again! Hope you are well things are busy there I am sure. Price is unchanged \$950 - 10% returning = \$855. I need a signed contract, if your still game, by the end of the month, and ad copy by May 10th.

[REDACTED]

Camosun College Student Society
Local 75 Canadian Federation of Students
Tel: [REDACTED] fax: [REDACTED]



Black Press Group Ltd.
 Box #3600
 Abbotsford, B.C. V2S 4P4

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

ACCOUNT NAME AND ADDRESS

BPG15R MT1 E D 08840
CAROLE JAMES CONST OFFICE
 1084 FORT ST
 VICTORIA BC
 V8V 3K4

BILLING PERIOD		ADVERTISER/CLIENT NAME
10/01/14 - 10/31/14		CAROLE JAMES CONST OFFICE
INVOICE #	TERMS OF PAYMENT	PAGE #
32399974	Net 30 days	1 of 1
ACCOUNT NUMBER	BILLING DATE	ADVERTISER/CLIENT #
[REDACTED]	10/31/14	
View your account information and display ad tearsheets at: http://iservices.blackpress.ca/login Account inquiries: 1-866-850-4463 or ar@blackpress.ca		
GST REGISTRATION No. [REDACTED]		

DATE	INVOICE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	NET AMOUNT
09/30		BALANCE FORWARD			247.40
10/14	3546	Payment on Account			- 247.40
10/17	32380002	ADJ JULY AD-PRIDE DAY			47.12
10/17	32380009	ADJ AUG AD-BC DAY			46.23
				BL	
		PUBLICATION: MONDAY MAGAZINE - News			
		AD CLASS: Display Advertising			
10/23	32399974	[REDACTED]		1	234.50
		PAGE: A 31 General			
		3 color			.00
		ePaper			1.12
		Ad Class Totals: \$235.62		0.100 page	
		Publication Totals: \$235.62			
10/31		BC GST			11.78

NOV 13 2014

PAID
3593

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
340.75					340.75

Finance charge on accounts over 30 days is 2% monthly (24% annual) - Invoice/Statement shall be deemed correct unless advised in writing within 30 days of billing date.
 We warrant that the information shown on this invoice correctly describes the advertisement that was inserted in the edition of the publication specified.

BFGF17R20081210



Black Press
COMMUNITY NEWS MEDIA

Black Press Group Ltd.
Box #3600
Abbotsford, B.C. V2S 4P4

OCT 08 2014

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

ACCOUNT NAME AND ADDRESS		BILLING PERIOD	ADVERTISER/CLIENT NAME
BPGH5R MT1 E D 08425 CAROLE JAMES CONST OFFICE 1084 FORT ST VICTORIA BC V8V 3K4		09/01/14 - 09/30/14	CAROLE JAMES CONST OFFICE
		INVOICE #	TERMS OF PAYMENT
		32373111	Net 30 days
		PAGE #	1 of 1
ACCOUNT NUMBER	BILLING DATE	ADVERTISER/CLIENT #	
[REDACTED]	09/30/14	[REDACTED]	
View your account information and display ad tearsheets at: http://iservices.blackpress.ca/login Account inquiries: 1-866-850-4463 or ar@blackpress.ca			
GST REGISTRATION No [REDACTED]			

DATE	INVOICE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	NET AMOUNT
08/31		BALANCE FORWARD			247.40
09/17	3537	Payment on Account			-247.40
		PUBLICATION: MONDAY MAGAZINE - News		BL	
		AD CLASS: Display Advertising			
09/18	32373111	[REDACTED]		1	234.50
		PAGE: A 17 General			
		3 color			.00
		ePaper			1.12
		Ad Class Totals: \$235.62		0.100 page	
		Publication Totals: \$235.62			
09/30		BC GST			11.78

PAID
3546

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
247.40					247.40

Finance charge on accounts over 30 days is 2% monthly (24% annual) □ Invoice/Statement shall be deemed correct unless advised in writing within 30 days of billing date
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BPGF/IR20081210

INVOICE

VICTORIA *Arts*

MARKETING

Invoice No.: 8194
 Date: 02/10/2014
 Page: 1

Sold To:

Carole James, MLA
 c/o [REDACTED]
 1084 Fort Street
 Victoria, British Columbia V8V 3K4

Ship To:

Carole James, MLA

OCT 10 2014

Item No.	Quantity	Unit	Description	Tax	Unit Price	Amount
g1q		quarter	Langham Ct #1: Pride & Prejudice less 30%	GP GP	200.00 -40.00	200.00 -40.00
			Subtotal:			160.00
			GP - GST 5.00%, PST 0.00%			
			GST			8.00
			Terms: Net 30 Due 01/11/2014			
			Such a great production by Langham for P & P.			
			[REDACTED]			
			PAID 3550			
			ADVERTISING # 5700			

Comments	Freight	0.00
	Total Amount	168.00

her ! magazine

a publication of Functionall Books

160 Eberts St.
Victoria BC V8S 3H7
250-896-0986
www.heremagazine.ca

BN [REDACTED]
Billed to: Carole James
Victoria-Beacon Hill Community Office
1084 Fort Street
Victoria, BC V8V 3K4

INVOICE

RECEIPT NO. 004-0914-0003
DATE September 24, 2014
Ad Account ID [REDACTED]

QTY	LOCATION	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
1.00	inside front cover FALL ISSUE	1/3 horizontal (\$588.00) + 6*	\$ 98.00	20%	\$ 78.40
		PAYABLE UPON RECEIPT			
		PLEASE MAKE CHEQUES PAYABLE TO:			
		Functionall Books			

SUBTOTAL	\$	78.40
5% G.S.T	\$	3.92
TOTAL		\$82.32

notes (office use only): 4x discount

*shared w/ 6 offices

PAID
3544

~~OCT 29 2014~~

INVOICE

VICTORIA *Arts*
M A R K E T I N G

Invoice No.: 8244
Date: 21/10/2014
Page: 1

old To:

Carole James, MLA
[Redacted]
1084 Fort Street
Victoria, British Columbia V8V 3K4

Ship To:

Carole James, MLA

ADVERTISING
\$5400

Item No.	Quantity	Unit	Description	Tax	Unit Price	Amount	
ort2q		quarter p	Blue Bridge RT: Gaslight less 30%	GP GP	200.00 -60.00	200.00 -60.00	
			Subtotal:			140.00	
			GP - GST 5.00%, PST 0.00%				
			GST			7.00	
			Terms: Net 30 Due 20/11/2014				
			<p>Thanks for the great Support as always. A very well done show with Wes Bay steakery the show.</p>				
			[Redacted]				

PAID
3579

Comments	Freight	0.00
	Total Amount	147.00

OCT 07 2014

Invoice

Our Community Newspaper Since 1992

#7 - 435 Simcoe Street, Victoria, BC V8V 4T4
250-380-6090 jbbeacon@shaw.ca

Date	Invoice #
29/09/2014	5075

Invoice To
CAROLE JAMES, MLA VICTORIA BEACON HILL COMMUNITY 1084 FORT ST VICTORIA BC V8V 3K4

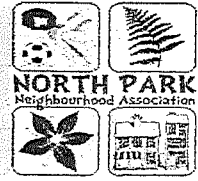
ADVERTISING \$400

Description	Amount
page Ad page 18 Oct issue T on sales	167.00 8.35

PAID
3545

GST	Total	\$175.35
-----	--------------	----------

North Park Neighbourhood Association



npna.ca . npna@npna.ca . Box 661, #185 - 911 Yates St., Victoria, BC V8Y 4Y9 Phone: 250-294-4108

Invoice

DATE: November 1, 2014

TO: CAROLE JAMES, MLA
VICTORIA - BEACON HILL

Item	Description	Discount	Total
1	Ad in NPNA November 2014 newsletter (bus. card size)		\$45.00
	ADVERTISING		
	\$5400		

Subtotal:	
Balance Due:	\$45.00

Please make cheque payable to North Park Neighbourhood Association and mail to NPNA. (address above).

THANK YOU FOR YOUR SUPPORT!



Lower Island News Society

Box 311
 2750 Quadra street
 Victoria, British Columbia V8T 4E8
 Canada

INVOICE

Invoice No.: 433
 Date: 07/11/2014
 Ship Date:
 Page: 1
 Re: Order No.

Sold to:

Carole James Community Office
 Attn:
 1084 Fort Street
 Victoria, BC V8V 3K4

Ship to:

Carole James Community Office
 Attn:
 1084 Fort Street
 Victoria, BC V8V 3K4

Business No.:

Item No	Unit	Quantity	Description	Tax	Unit Price	Amount
1		1	Display ad, 2 col x 3" -regular ad		75.00	75.00
1		1	Display ad, 2 col x 3.25"-Open House ad		81.25	81.25

~~ADVERTISING~~
 # 5400

PAID
 3597

Shipped By:	Tracking Number:	Total Amount	156.25
Comment:			
Sold By:			

INVOICE



M A R K E T I N G

Invoice No.: 8286
 Date: 13/11/2014
 Page: 1

Id To:

Carole James, MLA
 c/o [Redacted]
 1084 Fort Street
 Victoria, British Columbia V8V 3K4

Ship To:

Carole James, MLA

Item No.	Quantity	Unit	Description	Tax	Unit Price	Amount
13q		quarter	Belfry #3: Venus in Fur less 30%	GP GP	390.00 -117.00	390.00 -117.00
			Subtotal:			273.00
			GP - GST 5.00%, PST 0.00%			
			GST			13.65
			Terms: Net 30 Due 13/12/2014			
			<p><i>Many thanks Ms James!</i></p> <p>[Redacted]</p> <p><i>Advertising</i></p> <p><i>#5400</i></p>			
						<p>PAID 359.9</p>

Comments	Freight	0.00
	Total Amount	286.65

Fernwood NRG Society

1240 Gladstone Ave.
Victoria V8T 1G6

INVOICE

Invoice No.: 12769
Date: 07/10/2014
Ship Date:
Page: 1
Re: Order No.

Sold to:

James, Carole
1084 Fort Street
Victoria, BC V8V 3K4

Ship to:

James, Carole
1084 Fort Street
Victoria, BC V8V 3K4

Business No.: [REDACTED]

Item No.	Unit	Quantity	Description	Tax	Base Price	Disc %	Unit Price	Amount
			October 2014 Vibe Advertising					52.50 2.63
ADVERTISING #5700								
							PAID 3947	
Shipped By: Tracking Number:							Total Amount	55.13
Comment:								
Sold By:								



www.legionbcyukon.ca

British Columbia/Yukon Command The Royal Canadian Legion "Military Service Recognition Book"

*"Recognizing the Veterans of
British Columbia and the Yukon"*

NOV 19 2014

CAROLE JAMES M L A VICTORIA- BEACON HILL
1084 FORT ST
VICTORIA, BC V8V 3K4
Attn: [REDACTED]

Your Reply Today Will Help Our Veterans Tomorrow!

Thank you for your participation. Your support enables us to publish our Annual **Military Service Recognition Book** to help identify and recognize the many brave **Veterans** of British Columbia and the Yukon who have served their country so well.

This annual publication goes a long way to help the Legion in their job as the **"Keepers of Remembrance"** so that none of us forget the selfless contributions made by our **Veterans**.

Equally important, is that the proceeds raised are also used by the Legion to improve services to **Veterans** and the more than 150 communities served by the Legion throughout BC and the Yukon.

The Legion is recognized as one of Canada's largest community service organizations, as they are an integral part of the communities in which they reside. This project ensures the Legion's continued success in providing these very worthwhile services.

Thank you again for your support!



PAID
3598

Date: Oct/21/2014
Ad Size: 1/10 Page Color
Ad Cost: \$ 300.00
Sponsor: \$ 0.00
GST: \$ 15.00
TOTAL: \$ 315.00

Authorized By: [REDACTED]

ANALYSING
\$5400

G.S.T. [REDACTED]

PLEASE MAKE CHEQUE PAYABLE TO:
**BC/YUKON COMMAND
THE ROYAL CANADIAN LEGION
(BC/Y RCL)**
P.O. BOX 5555
VANCOUVER, BC V6B 4B5
Tel. Toll Free: 1-800-964-9074

To pay on-line, via personal internet banking,
just key in the word "LEGION",
select BC/YUKON COMMAND, and then
enter your personalized account number.

[REDACTED]

DEC 01 2014

Invoice

Date	Invoice #
24/11/2014	5178

Invoice To
CAROLE JAMES, MLA VICTORIA BEACON HILL COMMUNITY 1084 FORT ST VICTORIA BC V8V 3K4

Description	Amount
page Ad page 18 Dec/Jan issue T on sales	167.00 8.35
<p style="text-align: center;">ADVERTISING</p> <p style="text-align: center;">\$ 5400</p> <p style="text-align: center;">PAID 3608</p>	
GST: [REDACTED]	Total \$175.35

Fernwood NRG Society

1240 Gladstone Ave.
Victoria V8T 1G6

INVOICE

Invoice No.: 12944
Date: 03/12/2014
Ship Date:
Page: 1
Re: Order No.

Sold to:

James, Carole
1084 Fort Street
Victoria, BC V8V 3K4

Ship to:

James, Carole
1084 Fort Street
Victoria, BC V8V 3K4

Business No.: [REDACTED]

Item No.	Unit	Quantity	Description	Tax	Base Price	Disc %	Unit Price	Amount
			December 2014 Village Vibe Advertising					52.50
								2.63
<p>ADVERTISING</p> <p># 5400</p> <p>PAID 3606</p>								
Shipped By: Tracking Number:							Total Amount	55.13
Comment: http://issuu.com/villagevibe/docs/village_vibe_december_2014								
Sold By:								

INVOICE

DEC 01 2014

VICTORIA *Arts*
M A R K E T I N G

Invoice No.: 8315
Date: 27/11/2014
Page: 1

Bill To:

Carole James, MLA
c/o [REDACTED]
1084 Fort Street
Victoria, British Columbia V8V 3K4

Ship To:

Carole James, MLA

Item No.	Quantity	Unit	Description	Tax	Unit Price	Amount
t3q		Quarter p	Blue Bridge RT: Alice vs Wonderland less 30%	GP	200.00	200.00
				GP	-60.00	-60.00
			Subtotal:			140.00
			GP - GST 5.00%, PST 0.00%			
			GST			7.00
			Terms: Net 30 Due 27/12/2014			

ADVERTISING

5400

A very hip, exciting and custom
musical. The young performers are great.



PAID
2609

Comments	Freight	0.00
	Total Amount	147.00

Black Press Group Ltd.
Box #3600
Abbotsford, B.C. V2S 4P4

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

ACCOUNT NAME AND ADDRESS

BPG115R MT1 E'D 08907
CAROLE JAMES CONST OFFICE
1084 FORT ST
VICTORIA BC
V8V 3K4

DEC 08 2014

BILLING PERIOD		ADVERTISER/CLIENT NAME
11/01/14 - 11/30/14		CAROLE JAMES CONST OFFICE
INVOICE #	TERMS OF PAYMENT	PAGE #
32425355	Net 30 days	1 of 2
ACCOUNT NUMBER	BILLING DATE	ADVERTISER/CLIENT #
[REDACTED]	11/30/14	[REDACTED]
View your account information and display ad tearsheets at: http://iservices.blackpress.ca/login Account inquiries: 1-866-850-4463 or ar@blackpress.ca		
Please pay balance due GST REGISTRATION No [REDACTED]		

DATE	INVOICE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	NET AMOUNT	
		PUBLICATION: MONDAY MAGAZINE - News		BL		
		AD CLASS: Display Advertising				
11/20	32425354	[REDACTED]		1	234.50	
		PAGE: A 36 General				
		3 color			.00	
		ePaper			1.12	
		Ad Class Totals: \$235.62		0.100 page		
		Publication Totals: \$235.62				
		PUBLICATION: VICTORIA NEWS - News		BL		
		AD CLASS: Display Advertising				
11/28	32425355	Holiday Open House	4x3i	1	292.32	
		[REDACTED] email	12i			
		PAGE: A 19 General				
		ePaper			2.25	
		Ad Class Totals: \$294.57		12.000 inch		
		Speciality Product				
		[REDACTED] email		Pages		
11/12	32425355	PAGE: A 22 WomenBus		1	499.00	
		3 Color Supplement		.25T	.00	
CURRENT NET AMOUNT DUE		30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	TOTAL AMOUNT DUE

2160.07
 - 340.75

 1819.32
PAID
 3605

Finance charge on accounts over 30 days is 2% monthly (24% annual) - Invoice/Statement shall be deemed correct unless advised in writing within 30 days of billing date
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ADVERTISING
\$5400

BPGF/R20081210

IslandBlue
Island Blue Print Co Ltd
905 Fort St. at Quadra
Victoria, BC V8V 3K3
T-250-385-9766
F-250-385-1377

Sales Receipt

Transaction #: 351415
Account #: CC
Date: 26/11/2014 Time: [REDACTED]
Cashier: C2 Register #: 2

Item	Description	Amount
HT036804	3M PAINTERS TAPE 3/4"	\$7.95
HT036804	3M PAINTERS TAPE 3/4"	\$7.95

Sub Total \$15.90
PST \$1.11
GST \$0.80
Total \$17.81

DEBIT Tendered \$17.81
Change Due \$0.00



Thank you for shopping at
IslandBlue

Refunds or Exchanges with Receipt Within 30 Days!

Payable to [REDACTED]

Office
Supplies
\$5500

PAID
3591



LD YATES 250 360 0880
LOOKING FOR WORK? www.londondrugs.com

ETHICAL BEAN 7.99
**** TAX .00 BAL 7.99
VF Debit Card 7.99
XXXXXXXXXXXX [REDACTED]
AUTH: 162161
CHANGE .00
(P)ST .00
(G)ST .00
10/06/14 [REDACTED] 0029 06 0087 24640
(B)OTH = G.S.T. + P.S.T.
LONDON DRUGS LIMITED GST [REDACTED]

DIRECT PAYMENT TRANSACTION RECORD

LD VICTORIA
#201 911 YATES ST.
VICTORIA, BC
V8V 3M4

CASH REG.: 006 EMPLOYEE: 24640 1

NO.: XXXXXXXXXXXX [REDACTED]

AMOUNT \$7.99

Interac PURCHASE
CHEQUING

10/06/14 [REDACTED] AUTH: 162161
REFERENCE: 66208091 0016940310 C

APL: Interac
APN:
AID: A0000002771010
TVR: 0080008000
TSI: F800

00 APPROVED - THANK YOU 001

0029 006 24640 0087

*** CARDHOLDER COPY ***

Payable to [REDACTED]
coffee for office

PAID
3548

Office
Supplies
#5500

Payable to



**LONDON
DRUGS**

LD YATES 250 360 0880
LOOKING FOR WORK? www.londondrugs.com

ETHICAL BEAN	6.99
**** TAX .00 BAL	6.99
Cash	10.00
Penny Rounding	.01-
CHANGE	3.00
(P)ST .00	
(G)ST .00	

Coffee for office

PAID
3583

10/31/14 [REDACTED] 0029 12 0270 53576
(B)OTH = G.S.T. + P.S.T.
LONDON DRUGS LIMITED GST [REDACTED]

Office Supplies
#5500



**BRITISH
COLUMBIA**

Tech, Innovation & Citizens` Svcs
Queen's Printer
Distribution Centre - Victoria
(250)387-3309

Bill To: [REDACTED]

OCT 22 2014

CAROLE JAMES - MLA
VICTORIA-BEACON HILL CONSTITUENCY
1084 FORT ST
VICTORIA BC V8V 3K4

Invoice	
Document Number	Date
93334817	14-Oct-2014
Sales Order/PO No.	
2014929133142981	
Customer Ref./PO Date	
29-Sep-2014	
Delivery Number	Date
82773591	08-Oct-2014
Order Number	Date
32684823	29-Sep-2014
Customer Number/2nd Reference No.	
[REDACTED]	
Originator/Telephone	
[REDACTED]	2509524211

Product #	Description	Quantity	Price/Unit	Amount	Tax
7520602016	PENS, RETRACTABLE, BIC, MEDIUM, BLUE	4 PAK	5.80 /PAK	23.20	PG
7530641051	PAPER, ENVIRO 100 COPY, 8.5 X 11	10 PAK	5.06 /PAK	50.60	PG

Subtotal				73.80
GST/HST # [REDACTED]	5.000 %		73.80	3.69
PST	7.000 %		73.80	5.17
Total (CAD)				<u>82.66</u>

*Office Supplies
#5500*

PAID
3570

To our valued customer, if you would like to expedite payment, please pay by credit card. VISA, Master Card and AMEX are accepted. Please call 250-356-6122 or 250-387-4179.

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
Queen's Printer, P.O. Box 9452 Stn Prov Govt, Victoria BC V8W 9V7

A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONOURED CHEQUE. NOTICE: TERMS NET 30 DAYS.
INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.



Invoice

Nov 28, 2014
untitled project
Invoice # 1251

Fernwood Coffee Company

5 - 1115 North Park St.
Victoria, BC V8T 1C7
(250) 590-3320

Office of Carol James
1084 Fort Street
Victoria BC V8V 3K4

CA\$54.00

Due by Dec 28, 2014

Item	Hrs / Qty	Rate / Price	Taxes	Subtotal
Fernwood (drip)	4	CA\$12.00		CA\$48.00
Fernwood (perc)	0.5	CA\$12.00		CA\$6.00

*Office supplies
#5500*



Subtotal	CA\$54.00
Total due by Dec 28, 2014	CA\$54.00





**BRITISH
COLUMBIA**

NOV 05 2014

Tech, Innovation & Citizens' Svcs
Queen's Printer
Distribution Centre - Victoria
(250)387-3309

Bill To: [REDACTED]

CAROLE JAMES - MLA
VICTORIA-BEACON HILL CONSTITUENCY
1084 FORT ST
VICTORIA BC V8V 3K4

Invoice	
Document Number	Date
93342205	29-Oct-2014
Sales Order/PO No.	
201410221495822	
Customer Ref./PO Date	
22-Oct-2014	
Delivery Number	Date
82780327	27-Oct-2014
Order Number	Date
32696896	22-Oct-2014
Customer Number/2nd Reference No.	
[REDACTED]	
Originator/Telephone	
[REDACTED]	2509524211

Page 1 of 1

Product #	Description	Quantity	Price/Unit	Amount	Tax
7530465008	LABELS, LASER, "AVERY" #05159	1 PAK	30.25 /PAK	30.25	PG
	Customer Discount		35.00- %	10.59-	
7510481031	PAD, POP UP NOTE 3" x 3" YELLOW RULED	10 EA	1.50 /EA	15.00	PG
	Customer Discount		20.00- %	3.00-	

Subtotal				31.66	
GST/HST # [REDACTED]	5.000 %		31.66	1.58	
PST	7.000 %		31.66	2.22	
Total (CAD)				<u>35.46</u>	

OFFICE SUPPLIES #5500

PAID
3581

To our valued customer, if you would like to expedite payment, please pay by credit card. VISA, Master Card and AMEX are accepted. Please call 250-356-6122 or 250-387-4179.

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
Queen's Printer, P.O. Box 9452 Stn Prov Govt, Victoria BC V8W 9V7
A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONOURED CHEQUE. NOTICE: TERMS NET 30 DAYS.
INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.

Tax Indicators: G - GST/HST P - PST PST# [REDACTED]

Printed: 10/30/2014 05:30:55

Bill To: [REDACTED]

NOV 05 2014

CAROLE JAMES - MLA
VICTORIA-BEACON HILL CONSTITUENCY
1084 FORT ST
VICTORIA BC V8V 3K4

Invoice	
Document Number	Date
93344572	03-Nov-2014
Sales Order/PO No.	
20141028113344633	
Customer Ref./PO Date	
28-Oct-2014	
Delivery Number	Date
82783628	04-Nov-2014
Order Number	Date
32699250	28-Oct-2014
Customer Number/2nd Reference No.	
[REDACTED]	
Originator/Telephone	
[REDACTED]	2509524211

Page 1 of 1

Product #	Description	Quantity	Price/Unit	Amount	Tax
7530282009	FOLDER, FILE, LEGAL, WHITE Customer Discount	2 BOX	15.50 /BOX 35.00- %	31.00 10.85-	PG
7530283001	FOLDER, FILE, LETTER, LATERAL, BROWN Customer Discount	2 BOX	25.56 /BOX 35.00- %	51.12 17.89-	PG
7510124003	FILM, CORRECTION, BEGREEN Customer Discount	2 EA	2.82 /EA 35.00- %	5.64 1.97-	PG
[REDACTED]					
7530161004	FILE, EXPANDING POCKET, LEGAL, 4" Customer Discount	4 EA	3.67 /EA 35.00- %	14.68 5.14-	PG
7530163002	FILE, EXPANDING POCKET, LETTER, ALPHA Customer Discount	1 EA	7.50 /EA 35.00- %	7.50 2.63-	PG

Subtotal [REDACTED]
 GST/HST # [REDACTED] 5.000 % [REDACTED]
 PST 7.000 % [REDACTED]
 Total (CAD) [REDACTED]

*OFFICE SUPPLIES
#5500*

\$580.03

To our valued customer, if you would like to expedite payment, please pay by credit card. VISA, Master Card and AMEX are accepted. Please call 250-356-6122 or 250-387-4179.

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
Queen's Printer, P.O. Box 9452 Stn Prov Govt, Victoria BC V8W 9V7

A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONOURED CHEQUE. NOTICE: TERMS NET 30 DAYS.
INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.



BC Mail Plus
 Tech, Innovation & Citizens' Svcs
 PO Box 9453 Stn Prov Govt
 Victoria BC V8W 9V7
 Ph:250-952-5102 F:250-952-5117
 Email: BCMPACCT@Victoria1.gov.bc.ca

Bill To: [REDACTED]

OCT 15 2014

000132

CAROLE JAMES - MLA
 VICTORIA-BEACON HILL CONSTITUENCY
 1084 FORT ST
 VICTORIA BC V8V 3K4

Invoice	
Document Number	Date
93330685	30-Sep-2014
Customer Number/2nd Reference No.	
[REDACTED]	
AMOUNT OF PAYMENT \$	

Page 1 of 1

Please keep the bottom portion for your records and return the top portion with your payment

Ship To [REDACTED] Invoice # 93330685 Bill To [REDACTED] Invoice Date 09/30/2014

Product #	Description	Quantity	Price/Unit	Amount	Tax
7777000300	Flats Mailed	35 EA	2.43 /EA	85.05	G
7777000800	Packages Mailed	1 EA	5.20 /EA	5.20	G

Subtotal 90.25
 GST/HST # [REDACTED] 5.000 % 90.25 4.51

Total (CAD) 94.76

*Courier &
 Postage
 #5180*

PAID
 3552

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
 Queen's Printer, P.O. Box 9452 Stn Prov Govt, Victoria BC V8W 9V7

A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONOURD CHEQUE. NOTICE: TERMS NET 30 DAYS.
 INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.

Tax Indicators: G GST/HST B PST C GST/PST



BC Mail Plus
 Tech, Innovation & Citizens' Svcs
 PO Box 9453 Stn Prov Govt
 Victoria BC V8W 9V7
 Ph: 250-952-5102 F: 250-952-5117
 Email: BCMPACCT@Victoria1.gov.bc.ca

Bill To: [REDACTED] **NOV 12 2015**

000136

CAROLE JAMES - MLA
 VICTORIA-BEACON HILL CONSTITUENCY
 1084 FORT ST
 VICTORIA BC V8V 3K4

Invoice	
Document Number	Date
93347883	31-Oct-2014
Customer Number/2nd Reference No.	
[REDACTED]	
AMOUNT OF PAYMENT \$	

Page 1 of 1

Please keep the bottom portion for your records and return the top portion with your payment

Ship To [REDACTED] Invoice # 93347883 Bill To [REDACTED] Invoice Date 10/31/2014

Product #	Description	Quantity	Price/Unit	Amount	Tax
7777000100	Letters Mailed	14 EA	0.75 /EA	10.50	G
7777000300	Flats Mailed	10 EA	2.43 /EA	24.30	G

Subtotal				34.80	
GST/HST # [REDACTED]	5.000 %		34.80	1.74	
Total (CAD)				<u>36.54</u>	

*Carrier &
 Postage
 #5180*

PAID
 3594

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
 Queen's Printer, P.O. Box 9452 Stn Prov Govt, Victoria BC V8W 9V7
 A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONOURED CHEQUE NOTICE TERMS NET 30 DAYS.
 INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.

Canada Post / Postes Canada
ESQUIMALT
1153 Esquim. 1st Rd
VICTORIA V9A3P0
GST/TPS#: [REDACTED]

COURIER & POSTAGE
#5180

2014/11/07 [REDACTED] [REDACTED]
CC/CC631027 W/G1 TR1524570

G/S 5% 1@85.00 \$85.00
P2014 COIL OF 100/P2014 ROULEAU 100

SUBTL/SOUS-TOTAL \$85.00
GST/TPS \$4.25
TOTAL/TOTAL \$89.25

Visa / Visa \$89.25
Card Number / Numéro de carte

CHG. DUE / MONNAIE \$0.00
RND. CHG. / MONNAIE ARRONDIE \$0.00

Receipt required for all returns.
Reçu requis pour tous les retours.

Shop at Canada Post online - free shipping
on orders \$25 or more.
Magasinez à la boutique virtuelle de
Postes Canada - expédition gratuite pour
les commandes de 25 \$ ou plus.

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about your post office experience. Enter
to win 1 of 5 \$50 Prepaid Visa Cards. For
complete terms and conditions, Go to
www.canadapost.intouchinsight.com

Votre opinion compte et nous voulons
savoir ce que vous pensez de votre
expérience au bureau de poste.
Inscrivez-vous pour courir la chance de
gagner l'une des cinq cartes prépayées
Visa de 50\$. Pour les conditions générales
complètes, allez à
www.canadapost.intouchinsight.com

[REDACTED]
WWW.CANADAPOST.CA / WWW.POSTESCANADA.CA

PLACE FACE UP ON DASH

Expiration Date/Time

[REDACTED]

NOV 11, 2014

PARKING RECEIPT

Purchase Date/Time: [REDACTED] Nov 11, 2014
 Total Due: \$5.00 Rate: Park 2 Hours \$5.00
 Total Paid: \$5.00 Payment Type: Card
 [REDACTED] /visa
 Ticket #: 00000727 Auth #: 064513
 S/N #: 100008120013
 Setting: [REDACTED]
 Mach Name: [REDACTED] 1

5525

IS YOUR PARKING SPACE

[REDACTED]

▼ PARKING TIME EXPIRES AT ▼

10/12/

[REDACTED]

CITY OF VICTORIA ENJOY DOWNTOWN

2014 Ticket 0012481
 AMOUNT CAD 001.00 CC
 GST Paid: CAD 000.05
 10/12/2014 [REDACTED]

TRAVEL

5600

\$6.00

VIA SBS8 DATE NOV 29 - 14

NOM NAME *Carole James*
ADRESSE ADDRESS

VENDU PAR SOLD BY	C.R. COD	FACTURER CHARGE	À CRÉDIT ON ACCOUNT	MONTANT REPORTÉ AMOUNT FWD.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

1				
2		<i>Window Art</i>		<i>175</i>
3				
4				
5				
6				
7		<i>Thankyou</i>		
8				
9				
10				

PAID 3590

TPS/GST TVH/HST *8 75*

N° DE TAXE TAX REG. No.: TVP/PST

TOTAL *183 75*

37

REÇU PAR RECEIVED BY

LIVRET DE VENTE SALES BOOK 308

Consultants & Contractors
#5160

Consultants and contractors # 5160

November 30, 2014

Invoice # 2014155

Victoria – Beacon Hill Community Office,
250-952-4211

Attention:

INVOICE: for design and production of materials for Carole James, Mar 25 – Nov 30, 2014

*Certified
Graphic Designer,
Society of
Graphic Designers
of Canada*

Dear

Thank you for the opportunity to work on these materials. Fees reflect design, adjustment of images, provision of PDF proofs, changes, provision of proofs, provision of final files, as required.

DATE	TASK DESCRIPTION	FEE
Apr	Ad: CamCol Handbook 6 MLAs: Convert UVicSS ad to colour & confirm size	50.00
Jun	Ad: Victoria Dragon Boat Festival: MK+CJ: update previous ad	25.00
Jul	Ad: Fringe Fest: 4MLAs: same background as previous, adjust layout for 4MLAs	50.00
	Ad: FairfieldGonzalesObserver: general content	25.00
Aug	Ad: HereMag! ad: CJ+RG+MK+LP+RF+JH	25.00
	Ad: Labour Day: 2MPs+6MLAs: source/acquire new background image	100.00
Oct	Photo: Mask new CJ photo to create silhouette for ads; adjust skin tone/brightness	75.00
	Ads: JBB, LIN, FGO, FVV Remembrance Day: update photo, increase contrast	125.00
	Ads: JBB, LIN, FGO, FVV: general content; update photo, adjust layout/contrast to work	150.00
	Ad: 5MLAs Remembrance Day: update photos	50.00
	Ad: Women in Business: MK+CJ: new photo; adjust layout	75.00
Nov	Ad: MondayMag: CJ+MK: update with new photos	25.00
	Ads: Holiday Open House: BP, JBB, FVV: source new background images to increase contrast with new CJ photo; update with new images, adjust layouts as necessary	175.00
	Ad: Vic Film Fest: 6MLAs: update with new photos	50.00
	Invitation: Holiday Open House: source new background images; prepare print and web versions	150.00
		<hr/>
	Total Fees	1150.00
	GST @ 5%	57.50
	Total Fees and GST	1207.50

Let me know if you have any questions regarding this invoice or the services supplied, as more detail is available.

A pleasure working with you,

GST #

PAID
3607

Please make cheque payable to
Payment is due on receipt of invoice.

DATE	SERVER	TABLE	GUESTS
Dec 11, 2014			26555

QUAN.	FOOD
	Special X'Mas Luncheon
	for
	our V.I.P. Group

Volunteer Luncheon
 Our office volunteers

PAID
3611

BUSINESS EXPENSES
 #5140

FOOD TOTAL	223 55
GST	11 18
15% Gratuity	33 53
BAR TOTAL	
TOTAL	268.26

Thank You!

26555



Golden City Restaurant
 GST # [REDACTED]
 721 Fisgard Street
 Victoria, B.C. V8W 1R8
 Phone (250) 386-8404
 Fax (250) 386-8004
 Cel (250) 920-9087

DATE	GUESTS
TOTAL AMOUNT	
\$	
GST AMOUNT	

If applicable, the payment of a \$50 appointment fee by cheque or money order, made payable to the Minister of Finance. Under the Evidence Act, with few exceptions, only officers or employees of the Government of British Columbia or Canada, a municipality, a regional district or the trust council, a treaty First Nation, the Nisga'a Nation or a Nisga'a Village or a veterans' organization or designated persons or classes of persons are exempt from paying the appointment

See following pages

BUSINESS EXPENSE

#5140



Ministry of Justice

Order in Council Administration Office

APPLICATION for Appointment or Renewal as a Commissioner for Taking Affidavits

Print Form

Office Use Only	
Appointment Number	<input type="text"/>
Effective Date	<input type="text"/>
Type Code	<input type="text"/>
Payment	<input type="text"/>

Appointments may be granted to eligible persons whose employment/volunteer activities involve providing the services of a Commissioner for Taking Affidavits.

The completion and filing of this application form does not imply that an appointment as a Commissioner for Taking Affidavits will be approved.

Read instructions below before completing this application.

Instructions

- Applicants must complete the application form in its entirety. Please type or print clearly. Incomplete, altered or illegible forms will not be processed.
- After studying the Information and Instruction Guide for Commissioners for Taking Affidavits, applicants must complete the Examination for Commissioners for Taking Affidavits to the satisfaction of the Order in Council Administration Office.
- A cheque or money order for \$50, made payable to the Minister of Finance, must accompany your application. (Do not send cash.) The exceptions to this requirement are listed in section 58 of the Evidence Act as follows: "...an officer or employee of the government of British Columbia or Canada, a municipality, a regional district or the trust council, a treaty first nation, the Nisga'a Nation or a Nisga'a Village or a veterans' organization or designated persons or classes of persons."
- Applications may take up to eight weeks to process. Once approved, an appointment order will be mailed to you, which will show the effective and expiry dates of your appointment, as well as any restrictions that may be attached to your appointment.
- Return completed application, examination and payment (if applicable) to:
Order in Council Administration Office
Ministry of Justice
PO Box 9280 Stn Prov Govt
Victoria, BC V8W 9J7
Fax: 250 387-4349
Phone: 250 387-5378

Part 1 – Personal Information

Last Name	First Name	Middle Name	Date of Birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address (Apartment Number/Street Address)			
<input type="text"/>			
City	Province	Postal Code	Home/Cellular Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a Canadian citizen, landed immigrant or permanent resident? Yes No

Have you ever been convicted of a criminal offence? Yes No

A criminal record search may be required to process this application. In that event, applicants will be contacted prior to the search to obtain consent.

Part 2 – Employment/Volunteer Information

Position	Employer/Volunteer Organization		
Constituency Assistant	Carole James, MLA Victoria-Beacon Hill		
Business Address	Email Address		
1084 Fort Street			
City	Province	Postal Code	Business Telephone
Victoria	British Columbia	V8V 3K4	250-952-4211

PAID 3587
N 250 17 112

Part 3 – Purpose of Appointment

Provide a detailed description of why you require the appointment, stating duties involved, types of documents being commissioned and specific section(s) of the statute(s) pursuant to which your services will be provided. Your appointment will be restricted according to the information you provide. (Attach additional page if more space is required.)

To assist constituents who cannot afford to pay for swearing or affirming true copies, declarations of being alive, death certificates, passports, birth certificates etc.

Part 4 – Certification

I hereby certify I have read and understand section 138 of the Criminal Code of Canada, which states:

“Everyone who

- (a) signs a writing that purports to be an affidavit or a statutory declaration and to have been sworn or declared before him when the writing was not so sworn or declared or when he knows that he has no authority to administer the oath or declaration,
- (b) uses or offers to use any writing purporting to be an affidavit or statutory declaration that he knows was not sworn or declared, as the case may be, by the applicant or declarant or before a person authorized in that behalf, or
- (c) signs as applicant or declarant a writing that purports to be an affidavit or statutory declaration and to have been sworn or declared by him, as the case may be, when the writing was not so sworn or declared

is guilty of an indictable offence and is liable to imprisonment for two years.”


I further hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that should an investigation disclose misrepresentation or falsification of a material fact, my application may be rejected or appointment revoked.

Signature of Applicant

Date

Part 5 – Employer/Volunteer Supervisor Verification

I hereby verify the information contained in this application and support the application.


Signature of Employer/Supervisor

Member of the Legislative Assembly Province of British Columbia

Position


Date

If you are self-employed, provide the following information with respect to one person who is not your relative and who has known you for at least two years. They will be contacted to confirm your employment status.

Last Name	First Name	Middle Name	Relationship
Home Address (Apartment Number/Street Address)			Home/Cellular Telephone
City	Province	Postal Code	Number of years this person has known you:

Pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act, this information is being collected pursuant to section 56 of the Evidence Act for the purpose of determining the suitability of applicants for appointment as a Commissioner for Taking Affidavits. Questions about the collection of this information may be directed to: Order in Council Administration Office, Ministry of Justice at 250 387-5378.