



Birth Alerts BC
CLASS ACTION

Birth Alerts British Columbia Class Action Claim Form

www.BirthAlertsBC.ca

A Birth Alert was a communication sent by a child welfare worker from the Ministry of Children and Family Development (MCFD) or delegated Indigenous agencies to a hospital before a baby was born. The communication stated or implied that the person was pregnant and that their child might need protection after birth. After a Birth Alert was sent, child welfare workers commonly came to the hospital before the parent and/or baby was discharged.

You may be eligible for compensation if a Birth Alert was issued about you in British Columbia between May 31, 1980 and May 8, 2026.

This Claim Form is used to make a Claim for compensation under the proposed settlement.

Payments will not be made unless the Court approves the proposed settlement.

It is important that you complete the entire Claim Form. An incomplete form could lead to delays in assessing your Claim. If you need assistance, a Claims Helper can support you.

Your information will be used only for this claims process. It will be shared with Class Counsel, the Claims Administrator, Notice Providers (including Claims Helpers) and arbitrators as required by the Court. You can learn more about how your information is protected at www.BirthAlertsBC.ca/privacy.

The fastest way to submit is to use the online Claim Form at www.BirthAlertsBC.ca. Have all your information ready before you start. You answer the questions, upload copies of your identification, and submit the Claim Form online.

Need help?

Information on how to complete this Claim Form is available at www.BirthAlertsBC.ca/Claim-Form-Guide. You can also refer to the checklist at the back of the Claim Form.



Claims Helpers can guide you through the form step by step, answer questions and help you gather documents. Their support is free. Claims Helpers are independent and are not connected to MCFD.

Contact a Claims Helper by calling the Info Line at **1-833-632-6557** or emailing **ClaimsHelper-BABC@BirthAlertsBC.ca**. Claims Helpers monitor the Info Line from 9 a.m. PT to 5 p.m. PT Mondays to Fridays (excluding statutory holidays).

The Claim Form asks about experiences that may be distressing. Please take care of yourself and pause whenever you need to. If you want someone to talk to or need support, you can reach out to:



BC Mental Health & Crisis Response (no area code needed): 310-6789



Hope for Wellness Help Line (for Indigenous peoples): 1-855-242-3310 or visit www.HopeForWellness.ca.



Local support: dial 2-1-1 for community and mental health resources



CLAIM FORM

Name

First

Last

Pronouns

Any other names you may go by (for the purpose of records request)

Date of Birth

 - -

Year

Month

Day

Current address

Street number

Street name

Unit

PO Box number
(if applicable)

City / Town / Community

Postal Code

Province / Territory

Country

Telephone

 - -

Email

Optional, Alternative contact information or authorized contact person who we can speak to about your Claim (please add their name and contact information). If we cannot reach you, we may contact this person or organization to help get in touch with you.

Personal Health Number

The proposed settlement includes additional compensation for Indigenous Class Members. Do you identify as Indigenous?

☐

Yes

☐

No

If No, proceed to next section.

If yes, please complete the information below:

Do you identify as

☐

First Nations

☐

Métis

☐

Inuit

Please include a copy of your Status Card or registration number, your Métis citizenship or membership number, or your Disc number or beneficiary number. If you do not have this information, please complete and sign the Statutory Declaration (Appendix A).

I have included one of the following: a copy of my Status Card or registration number, Métis citizenship or membership number, Disc number or beneficiary number, or a completed and signed Statutory Declaration.

☐

Yes

☐

No



CLAIM FORM

Were you pregnant between May 31, 1980 and May 8, 2026? ☐ Yes ☐ No

The following section refers to miscarriage or pregnancy loss, which can bring up painful memories. Free mental health and wellness supports are listed on the front page of the Claim Form.

Please provide the name(s) and location(s) of hospital(s) in British Columbia where you gave birth or received prenatal care (see Appendix C). Some people may have received care in more than one hospital.

It is possible that if you were pregnant but did not give birth, you may have still been subject to a Birth Alert (for example, if you experienced a miscarriage). For pregnancies between May 31, 1980 and May 8, 2026 for which you did not give birth, please list a maximum of two hospitals at which you sought medical care related to the pregnancy.

Child in care means someone who was under the age of 19 in the care or custody of the Provincial Director of Child Welfare or Province of British Columbia pursuant to the Child, Family and Community Service Act, R.S.B.C. 1996, c. 46, or Family and Child Service Act, S.B.C. 1980, c. 11

For pregnancies between May 31, 1980 and May 8, 2026, please answer the following:

On what date did you give birth or expect to give birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Year				Month			Day	

Were you a child in care?

☐ Yes ☐ No

The hospital(s) and location(s) where you gave birth or received care (see Appendix C).

<input type="text"/>
<input type="text"/>

On what date did you give birth or expect to give birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Year				Month			Day	

Were you a child in care?

☐ Yes ☐ No

The hospital(s) and location(s) where you gave birth or received care (see Appendix C).

<input type="text"/>
<input type="text"/>

On what date did you give birth or expect to give birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Year				Month			Day	

Were you a child in care?

☐ Yes ☐ No

The hospital(s) and location(s) where you gave birth or received care (see Appendix C).

<input type="text"/>
<input type="text"/>

This settlement only includes hospitals located in British Columbia. If you cannot find your hospital on the list provided in Appendix C, please enter in the name to the best of your ability. If you call a Claims Helper at **1-833-632-6557** they may be able to help.



Authorization regarding Hospital Records

By signing this Claim Form, I am agreeing that (check boxes by each of these subsections)

- ☐ I authorize Class Counsel to request and review my hospital records from the listed hospital(s) for the period of nine months before and three months after the date(s) I gave birth or expected to give birth in order to determine whether there is evidence in my hospital records that I was the subject of a Birth Alert.
- ☐ I authorize the listed hospital(s) to disclose the health information described above to Class Counsel.
- ☐ I understand that my hospital records will be requested and reviewed by Class Counsel for the purpose described above with my consent and will be handled in accordance with applicable privacy laws.
- ☐ I am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of my health information. I understand that I may revoke this consent in writing at any time.

Declaration regarding sharing of personal information

By signing this Claim Form, I am acknowledging and consenting to my personal information being shared with Class Counsel, the Administrator, Notice Providers (including Claims Helpers), and Arbitrators for the purposes of adjudicating my Claim, assessing class membership, and claims administration generally as approved by the Court (check boxes by each of these subsections)

- ☐ I consent to the use and sharing by Class Counsel, the Notice Providers (including Claims Helpers), the Claims Administrator, and the Arbitrator, of the personal information I provide in connection with this class proceeding for the purposes of future notices about this class action, adjudicating my claim and analysing my eligibility for Settlement Compensation, including any and all court-mandated or legally-required reporting.
- ☐ I authorize the Claims Administrator to contact me or my representative, as the Claims Administrator deems appropriate, for more information and/or to audit the Claim Form.
- ☐ My personal information is being collected with my consent for the purposes described above and will be handled in accordance with applicable privacy laws.

Declaration regarding truth and completeness of information provided

By signing this Claim Form, I am agreeing that (check boxes by each of these subsections):

- ☐ I have included a printed copy of identification (front and back) issued by the Canadian government, a government of a Canadian province or territory or a First Nations or Indigenous government.

Accepted types of ID include

- Driver's licence
- Provincial or territorial photo ID card
- Passport
- Birth certificate
- Old Age Security (OAS) card
- Official Military ID
- NEXUS card
- Age-of-majority or "Bring Your ID (BYID)" card
- Certificate of Canadian Citizenship
- Indian Status Card
- Certificate of Indian Status (CIS)
- Secure Certificate of Indian Status (SCIS)
- Inuit Land Claim Beneficiary Card, Land Claim Beneficiary Card, including NTI Enrolment Card
- Métis Citizenship Card
- Provincial Services Card
- Prison or correctional ID
- First Nations or Indigenous government-issued ID or Certificate of Tribal Membership
- Social Insurance Card
- Statement of Live Birth (must have a raised red seal and be signed by the registrar)
- Firearms Possession and Acquisition Licence (PAL)



- ☐ I understand that my Claim will be assessed based on my answers here, and that if it is accepted I may receive monetary compensation.
- ☐ My answers are true to the best of my knowledge.
- ☐ I understand that this Claims Process is supervised by the Supreme Court of British Columbia and that attempting to obtain compensation by intentionally giving false or misleading information could result in serious penalties
- ☐ I do solemnly declare that the information I have given on this Claim Form is truthful, complete and correct, and that any documents I have provided are authentic and unaltered, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature

Date

					-			-		
Year						Month			Day	



Appendix A - STATUTORY DECLARATION REGARDING INDIGENOUS IDENTITY

**STATUTORY DECLARATION
IN THE PROVINCE OF BRITISH COLUMBIA
RE: ZELENSKI V HMKBC, VANCOUVER REGISTRY NO. S-217852**

The proposed settlement includes additional compensation for Indigenous Class Members. Do you identify as Indigenous?

☐

Yes

☐

No

If yes please complete the section below, if no, please move to the next page.

1. I declare that I am: (check all that apply)

☐

Status First Nation

☐

Inuit enrolled

☐

Métis

☐

Non Status

2. My ancestral home/region/community or band name and number is:

3. I understand that by submitting this claim, I am authorizing the Claims Administrator to contact me or my representative as the Claims Administrator deems appropriate for more information and/or to audit this Claim.

4. By signing this statutory declaration, I declare that the information provided in this Claim Form is true and correct and that I am authorized to sign on my behalf or the behalf of the Claimant.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Year					Month			Day	



Appendix B - ADDITIONAL ENTRIES (FOR PREGNANCIES AND HOSPITALS)

This Appendix is used only if you need more room than what is available on Page 3 of the Claim Form for pregnancies between May 31, 1980 and May 8, 2026.

For pregnancies between May 31, 1980 and May 8, 2026, please answer the following:

On what date did you give birth or expect to give birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Year				Month			Day	

Were you a child in care?

☐	Yes	☐	No
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The hospital(s) and location(s) where you gave birth or received care (see Appendix C).

<input type="text"/>
<input type="text"/>

On what date did you give birth or expect to give birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Year				Month			Day	

Were you a child in care?

☐	Yes	☐	No
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The hospital(s) and location(s) where you gave birth or received care (see Appendix C).

<input type="text"/>
<input type="text"/>

On what date did you give birth or expect to give birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Year				Month			Day	

Were you a child in care?

☐	Yes	☐	No
--------------------------	-----	--------------------------	----

The hospital(s) and location(s) where you gave birth or received care (see Appendix C).

<input type="text"/>
<input type="text"/>

This proposed settlement only includes hospitals located in British Columbia. If you cannot find your hospital on the list provided in Appendix C, please enter in the name to the best of your ability. If you call a Claims Helper at **1-833-632-6557** they may be able to help.



Appendix C - LIST OF HOSPITALS

Health Authority / Region	Hospital	Location
Fraser Health	Abbotsford Regional Hospital	Abbotsford
Fraser Health	Burnaby General Hospital	Burnaby
Fraser Health	Chilliwack General Hospital	Chilliwack
Fraser Health	Delta Hospital	Delta
Fraser Health	Eagle Ridge Hospital	Port Moody
Fraser Health	Fraser Canyon Hospital	Hope
Fraser Health	Jim Pattison Outpatient Care and Surgery Centre	Surrey
Fraser Health	Langley Memorial Hospital	Langley
Fraser Health	Mission Memorial Hospital	Mission
Fraser Health	Peace Arch Hospital	White Rock
Fraser Health	Ridge Meadows Hospital	Maple Ridge
Fraser Health	Royal Columbian Hospital	New Westminster
Fraser Health	Surrey Memorial Hospital	Surrey
Interior Health	100 Mile District General Hospital	100 Mile House
Interior Health	Arrow Lakes Hospital	Nakusp
Interior Health	Ashcroft and District General Hospital	Ashcroft
Interior Health	Boundary Hospital	Grand Forks
Interior Health	Cariboo Memorial Hospital	Williams Lake
Interior Health	Creston Valley Hospital	Creston
Interior Health	Dr. Helmcken Memorial Hospital	Clearwater
Interior Health	East Kootenay Regional Hospital	Cranbrook
Interior Health	Elk Valley Hospital	Fernie
Interior Health	Golden and District General Hospital	Golden
Interior Health	Invermere and District Hospital	Invermere
Interior Health	Kelowna General Hospital	Kelowna
Interior Health	Kootenay Boundary Regional Hospital	Trail
Interior Health	Kootenay Lake Hospital	Nelson
Interior Health	Lillooet Hospital & Health Centre	Lillooet
Interior Health	Nicola Valley Hospital and Health Centre	Merritt
Interior Health	Penticton Regional Hospital	Penticton
Interior Health	Princeton General Hospital	Princeton
Interior Health	Queen Victoria Hospital	Revelstoke
Interior Health	Royal Inland Hospital	Kamloops
Interior Health	Shuswap Lake General Hospital	Salmon Arm
Interior Health	South Okanagan General Hospital	Oliver
Interior Health	St. Bartholomew's Hospital (defunct)	Lytton



Appendix C - LIST OF HOSPITALS

Interior Health	Vernon Jubilee Hospital	Vernon
Interior Health	Victorian Community Health Centre of Kaslo	Kaslo
Interior Health	Slocan Community Health Centre	New Denver
Interior Health	Sparwood Health Centre	Sparwood
Interior Health	Summerland Memorial Health Centre	Summerland
Interior Health	Alexis Creek Health Centre	Alexis Creek
Interior Health	Blue River Health Centre	Blue River
Interior Health	Edgewood Health Centre	Edgewood
Island Health	Cowichan District Hospital	Duncan
Island Health	Lady Minto Gulf Islands Hospital	Saltspring Island
Island Health	Nanaimo Regional General Hospital	Nanaimo
Island Health	North Island Hospital Campbell River & District	Campbell River
Island Health	North Island Hospital Comox Valley	Courtenay
Island Health	Port Alice Hospital	Port Alice
Island Health	Port Hardy Hospital	Port Hardy
Island Health	Port McNeill Hospital	Port McNeill
Island Health	Royal Jubilee Hospital	Victoria
Island Health	Saanich Peninsula Hospital	Saanichton
Island Health	Tofino General Hospital	Tofino
Island Health	Victoria General Hospital	Victoria
Island Health	West Coast General Hospital	Port Alberni
Island Health	Cormorant Island Health Centre	Alert Bay
Island Health	Castlegar and District Community Health Centre	Castlegar
Island Health	Chemainus Health Care Centre	Chemainus
Island Health	Ladysmith Community Health Centre	Ladysmith
Island Health	Bamfield Health Centre	Bamfield
Island Health	Kyuquot Health Centre	Kyuquot
Island Health	St. Joseph's Hospital (defunct)	Comox
Northern Health	Bulkley Valley District Hospital	Smithers
Northern Health	Chetwynd General Hospital	Chetwynd
Northern Health	Dawson Creek and District Hospital	Dawson Creek
Northern Health	Fort Nelson General Hospital	Fort Nelson
Northern Health	Fort St. John General Hospital	Fort St. John
Northern Health	G.R. Baker Memorial Hospital	Quesnel
Northern Health	Haida Gwaii Hospital - Xaayda Gwaay NgaaysdII Naay	Daajing Giids
Northern Health	Kitimat General Hospital	Kitimat



Appendix C - LIST OF HOSPITALS

Northern Health	Ksyen Regional Hospital	Kysen
Northern Health	Lakes District Hospital and Health Centre	Burns Lake
Northern Health	Mills Memorial Hospital	Terrace (closed)
Northern Health	Mackenzie and District Hospital	Mackenzie
Northern Health	McBride and District Hospital	McBride
Northern Health	Northern Haida Gwaii Hospital and Health Centre	Masset
Northern Health	Prince Rupert Regional Hospital	Prince Rupert
Northern Health	Stewart General Hospital	Stewart
Northern Health	St. John Hospital	Vanderhoof
Northern Health	Stuart Lake General Hospital	Fort St. James
Northern Health	University Hospital of Northern British Columbia	Prince George
Northern Health	Wrinch Memorial Hospital	—
Northern Health	Atlin Health Centre	Atlin
Vancouver Coastal Health	Bella Coola General Hospital	Bella Coola
Vancouver Coastal Health	Lions Gate Hospital	North Vancouver
Vancouver Coastal Health	Łuxwálasuılas Heiltsuk Hospital	Bella Bella
Vancouver Coastal Health	qathet General Hospital	Powell River
Vancouver Coastal Health	Richmond Hospital	Richmond
Vancouver Coastal Health	Sechelt shíshálh Hospital	Sechelt
Vancouver Coastal Health	Squamish General Hospital	Squamish
Vancouver Coastal Health	UBC Hospital	Vancouver
Vancouver Coastal Health	Vancouver General Hospital	Vancouver
Provincial Health Services Authority	B.C. Women's Hospital & Health Centre	Vancouver
Providence Health Care	Mount Saint Joseph Hospital	Vancouver
Providence Health Care	St. Paul's Hospital	Vancouver



Appendix D - CLAIM FORM CHECKLIST

Use this checklist to make sure you have completed all the steps. You can place a check mark beside each item when it is done.

✓	Item
	Personal details provided (name, any other names you've used, pronouns, date of birth, address, phone, email, Personal Health Number).
	Support person or representative details provided (optional).
	Provided your Personal Health Number (PHN).
	Indigenous identity (optional) section completed, a copy of your Status Card or registration number, your Metis citizenship or membership number, or your Disc number or beneficiary number or statutory declaration attached, if applicable.
	Provided the date(s) you gave birth or expected to give birth.
	Child in care status answered for each pregnancy.
	Provided hospital(s) and location(s) where you gave birth or received care.
	Included identification issued by the Canadian government, a government of a Canadian province or territory, or a First Nations or Indigenous government.
	Consent to obtain hospital records signed.
	Information sharing consent signed.
	Declaration of truth and understanding signed.
	All required sections of the form completed and reviewed.

How to Submit Your Claim Form

Online (fastest): Go to www.BirthAlertsBC.ca. Complete your Claim online and upload copies of your identification. You will receive a confirmation email after you submit your Claim.

By mail: BC Birth Alerts (KZQ), P.O. Box 3355, London, ON N6A 4K3.
Include copies of your identification. Do not send original documents.

By fax: 1-604-259-2225. Include copies of your identification. Do not send original documents.

Need help?



Claims Helpers can guide you through the form step by step, answer questions and help you gather documents. Their support is free. Claims Helpers are independent and are not connected to MCFD.

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Local support: dial 2-1-1 for information and mental health services in your community