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Carefully read this [Legal Name Change Application](#) and the [Legal Name Change Information Guide](#) **before** completing this application.

Take the original signed Application for Change of Name in person to a registry agent office; photocopies, faxes and emails will be rejected.

# Legal Name Change Application

## FOR REGISTRY AGENT USE ONLY

Service Request Number:

Certificate Delivery Mode:

Mail or  Call Box Number \_\_\_\_\_

Payment:

Cash / Debit or Credit Card / Money Order / Certified Cheque  Non-Certified Cheque

Note: When paying by non-certified cheque, this application is held for 14 days before it is processed.

## FOR VITAL STATISTICS USE ONLY

Notify:

Amend:

Initials:

Date:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Completed:

4. \_\_\_\_\_

# Applicant's Affidavit

- The applicant must swear/affirm this affidavit in front of a Commissioner for Oaths or Notary Public in Alberta.

## Affidavit

### Applicant's Application for Change of Name

I, \_\_\_\_\_ make oath and say:

Current Name of Applicant

I am 18 years old or older,

**OR**

I am younger than 18 years old and (check one of the following)

legally married,

living in an adult Interdependent relationship (like common law, but different),

the parent of a child,

the legal guardian of a child,

widowed, or

divorced.

- I am a resident of Alberta and reside at the physical address listed in the Applicant's section of this application.
- I am not changing my name, or the name of anyone named in this application, to avoid criminal or civil liabilities.
- I understand that if a criminal record exists for anyone in this application, who is 12 years old or older, their new name (in this application) will be cross-referenced to their criminal record.
- I understand that anyone changing their name in this application is not eligible to legally change their name if any of the following apply to them. This applies only when the conviction/designation happened after they were 18 years old.
  - Been convicted of an offence under section 490.011(1)(a), (c), (c.1), (d), (d.1) and (e) of the Criminal Code of Canada.
  - Been designated a dangerous offender under section 753 of the Criminal Code of Canada.
  - Been designated a long-term offender under section 753.1 of the Criminal Code Canada.
  - Been a person who law enforcement has designated a high-risk offender.
- I understand that if I am changing the name of a child, I must have the consent of all the parents recorded on the child's birth certificate and all the child's court appointed guardians (if any). If I am unable to obtain all the consents, a court order from the Alberta Court of King's Bench may be required to dispense with the required consent.
- I understand that if I am changing the name of a represented adult, I must have the consent of all their guardians. If I am unable to obtain all the consents, a court order from the Alberta Court of King's Bench is required to dispense with the required consent.
- I have disclosed all previous legal name changes (if any) for everyone changing their names in this application.
- The information contained in this application is true and correct to the best of my knowledge.

**Note to Commissioner for Oaths/Notary Public:** If there are any additions or changes on this affidavit (including to the jurat), ensure you place a check mark at the beginning and at the end of each of the changes and then write your initials beside each change. Unless changes are authenticated by your initials, the affidavit will not be accepted by Vital Statistics.

Sworn/affirmed before me at \_\_\_\_\_  
City/Town

in the Province/Jurisdiction of \_\_\_\_\_

**X**

Signature of Applicant

Dated \_\_\_\_\_

**X**  
\_\_\_\_\_  
Signature of Commissioner for Oaths in and for Alberta/Notary Public

# SECTION A Applicant Information

## Applicant's Proof of Identity

You (the applicant) must present your Proof of Identity document in person with this application at the registry agent office. (see "Proof of Identity Document" in the Legal Name Change Information Guide as restrictions apply)

### Box A-01 Proof of Identity ▶

Your (the applicant) full name on your Proof of Identity document			
given and all middle names		last name	
Proof of Identity - Type of Document Presented		Proof of Identity - Document Number	
Proof of Identity - Document Expiry Date (if the document has an expiry date)		Proof of Identity - Date Document Issued (if the document does not have an expiry date)	
Date of Birth (month by name/day/year)			
Current Physical Address (see Alberta Resident in the Legal Name Change Information Guide as restrictions apply)			
Street Address		City/Town	Province Postal Code
Mailing Address (if different from physical address)			
Street Address/Post Office Box Number		City/Town	Province Postal Code
Telephone Number		Email Address	
<b>OFFICE USE ONLY</b>			
Date of Birth (month by name/day/year)			
Registration Number	Amendment Number	Amend/Notify	<input type="checkbox"/> Yes <input type="checkbox"/> No

You (the applicant) must answer **all** the following questions as you are only able to legally change the name of certain persons. (see "Whose Name can you change?" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

### Box A-02 Names to be Changed

- Are you changing your own name?  No  Yes
  - If yes, complete "Section B" in this application
- Are you changing the name of a child to whom you are a parent or legal guardian?  No  Yes
  - If yes, how many children are included in this application?
  - If yes, complete a "Section D" in this application for EACH child.
- Are you changing the name of your spouse to whom you are legally married?  No  Yes

**or**

- Are you changing the name of your partner with whom you are in an Adult Interdependent Relationship?  No  Yes
  - If either of the above answers is yes, complete "Section C" in this application.
- Are you changing the name of a represented adult to whom you are a guardian?  No  Yes
  - If yes, complete "Section A" and "Section B" as if the represented adult is completing this application. (see "Changing Represented Adult's Name" in the Legal Change of Name Information Guide as restrictions and additional requirements apply)

## SECTION B

### Applicant Changing Own Name

You (the applicant) must present an acceptable Legal Name Document that contains your legal name. A Legal Name Document & Proof of Identity document are **not** the same.

You (the applicant) must present an acceptable Legal Name Document that contains your legal last name. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply).

#### Box B-01 Change to Applicant's Legal Last Name ▶

(1) Print your **Last Name** exactly as it is recorded on your Legal Name Document:

(2) Do you want to change your **Last Name** as recorded on your Legal Name Document?

Yes ▶ I would like to change my **Last Name** to:

No

You (the applicant) must present an acceptable Legal Name Document that contains all your legal first and middle names. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

#### Box B-02 Change to all the Applicant's Legal Given Name(s) ▶

(1) Print all your **Given and Middle Names** exactly as recorded on your Legal Name Document:

(2) Do you want to change your **Given and Middle Names** as recorded on your Legal Name Document?

Yes ▶ I would like to change my **Given and Middle Names** to:

No

#### Box B-03 Applicant's Previous Change of Name Information ▶

You (the applicant) must disclose all your previous legal name changes (if any) (excluding by marriage or adoption). (see "Previous Name Changes" in the Legal Name Change Information Guide as restrictions apply)

(1) Have you ever legally changed your name (not including by adoption or marriage)?  Yes  No

(2) If Yes, provide the details in a box in "Section E" of this application for EACH name change ever processed for you.

You (the applicant) must provide an Electronic Fingerprint Report for yourself.

- If you **are** providing a **Certified** Criminal Record Check, an Electronic Fingerprint Report is not required (a **Certified** Criminal Record Check is fingerprint based).
- If you are providing an Un-Certified Criminal Record Check or Police Information Check (PIC), an Electronic Fingerprint Report is still required. (see "Electronic Fingerprint Report" in the Legal Name Change Information Guide as restrictions apply)

#### Box B-04 Fingerprints ▶

**OFFICE USE ONLY**

Electronic Fingerprint Report received (initials):

**OR**

Certified Criminal Record Check received (initials):

If you are 18 years old or older, you (the applicant) must provide a Criminal Record Check for yourself.

- If you **are** providing a **Certified** Criminal Record Check, an Electronic Fingerprint Report is not required (a **Certified** Criminal Record Check is fingerprint based).
- If you are providing an Un-Certified Criminal Record Check or Police Information Check (PIC), an Electronic Fingerprint Report is still required. (see "Criminal Record Check" in the Legal Name Change Information Guide as restrictions apply)

#### Box B-05 Criminal Record Check ▶

**OFFICE USE ONLY**

Certified Criminal Record Check received (initials):

**OR**

Un-Certified Criminal Record Check or Police Information Check received (initials):

# SECTION C

## Applicant Changing Spouse/Partner's Name

Box C-01 Spouse or Partner ▶

See "Changing Spouse/Partner's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply.

**I am changing the name of my:**

Spouse, to whom I am legally married (complete Box C-03)

**OR**

Partner, with whom I am in an Adult Interdependent Relationship (complete Box C-04)

Box C-02 Spouse/Partner's Information

Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Date of Birth (month by name/day/year)	Place of Birth (city/town province/state country)		
<b>OFFICE USE ONLY</b>	Registration Number	Amendment Number	Amend/Notify	<input type="checkbox"/> Yes <input type="checkbox"/> No

Box C-03 Marriage Information ▶

You must provide a government issued marriage certificate if you are changing the name of your spouse. (see "Changing Spouse/Partner's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

Full Name of your Spouse (as shown on marriage certificate)				
Date of Marriage (month by name/day/year)		Place of Marriage (city/town province/state country)		
<b>OFFICE USE ONLY</b>	Registration Number	Amendment Number	Amend/Notify	<input type="checkbox"/> Yes <input type="checkbox"/> No

Box C-04 Statutory Declaration of Adult Interdependent Relationship ▶

You and your partner must EACH sign a "Statutory Declaration: Adult Interdependent Relationship" below if you are legally changing your partner's name. (see "Changing Spouse/Partner's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

Note to Commissioner for Oaths/Notary Public: If there are any additions or changes on this statutory declaration (including to the jurat), ensure you place a check mark at the beginning and at the end of each of the changes and then write your initials beside each change. When changes are not authenticated with your initials, the statutory declaration will be rejected.

COMPLETE ONE BOX ONLY

<p><b>Statutory Declaration: Adult Interdependent Relationship</b></p> <p>In the matter of this legal name change application:</p> <p>I _____ do solemnly declare:</p> <p style="text-align: center;">full name of applicant</p> <p>I am currently living in an interdependent relationship with the person named in the adjacent statutory declaration.</p> <p>Declared before me at _____, Alberta</p> <p>on _____ date <input checked="" type="checkbox"/> _____ Signature</p> <p><input checked="" type="checkbox"/> _____</p> <p style="text-align: center;">Signature of a Commissioner for Oaths/Notary Public in and for Alberta (also print name and expiry date)</p>	<p><b>Statutory Declaration: Adult Interdependent Relationship</b></p> <p>In the matter of this legal name change application:</p> <p>I _____ do solemnly declare:</p> <p style="text-align: center;">full name of partner</p> <p>I am currently living in an interdependent relationship with the person named in the adjacent statutory declaration.</p> <p>Declared before me at _____, Alberta</p> <p>on _____ date <input checked="" type="checkbox"/> _____ Signature</p> <p><input checked="" type="checkbox"/> _____</p> <p style="text-align: center;">Signature of a Commissioner for Oaths/Notary Public in and for Alberta (also print name and expiry date)</p>
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Box C-05 Change to Spouse/Partner's Legal Last Name ▶

You must present an acceptable Legal Name Document that contains the legal last name of your spouse/partner. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print your spouse/partner's **Last Name** exactly as it is recorded on their Legal Name Document:

(2) Do you want to change your spouse/partner's **Last Name** as recorded on their Legal Name Document?

Yes ▶ I would like to change my spouse/partner's **Last Name** to:

No

Box C-06 Change to Spouse/Partner's Legal Given Name(s) ▶

You must present an acceptable Legal Name Document that contains all the legal first and middle names of your spouse/partner. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print all your spouse/partner's **Given and Middle Names** exactly as they are recorded on their Legal Name Document:

(2) Do you want to change your spouse/partner's **Given and Middle Names** as recorded on their Legal Name Document?

Yes ▶ I would like to change my spouse/partner's **Given and Middle Names** to:

No

Box C-07 Spouse/Partner's Previous Change of Name Information ▶

You must disclose all your spouse/partner's previous legal name changes (excluding by marriage or adoption). (see "Previous Name Changes" in the Legal Name Change Information Guide as restrictions apply)

(1) Has your spouse/partner ever legally changed their name (not including by adoption or marriage)?  Yes  No

(2) If Yes, provide the details in a box in "Section E" of this application for EACH name change ever processed for them.

You (the applicant) must provide an Electronic Fingerprint Report for your spouse/partner when you are legally changing their name.

- If you **are** providing a **Certified** Criminal Record Check, an Electronic Fingerprint Report is not required (a **Certified** Criminal Record Check is fingerprint based).
- If you are providing an Un-Certified Criminal Record Check or Police Information Check (PIC), an Electronic Fingerprint Report is still required.

(see "Electronic Fingerprint Report" in the Legal Name Change Information Guide as restrictions apply)

Box C-08 Fingerprints ▶

OFFICE USE ONLY

Electronic Fingerprint Report received (initials):

OR

Certified Criminal Record Check received (initials):

If your spouse/partner is 18 years old or older, you must provide a Criminal Record Check when you are legally changing their name.

- If you **are** providing a **Certified** Criminal Record Check, an Electronic Fingerprint Report is not required (a **Certified** Criminal Record Check is fingerprint based).
- If you are providing an Un-Certified Criminal Record Check or Police Information Check (PIC), an Electronic Fingerprint Report is still required.

(see "Criminal Record Check" in the Legal Name Change Information Guide as restrictions apply)

**Box C-09 Criminal Record Check** ▶

**OFFICE USE ONLY**

Certified Criminal Record Check received (initials):

**OR**

Un-Certified Criminal Record Check or Police Information Check (PIC) received (initials):

**Box C-10 Spouse/Partner's Consent** ▶

Your spouse/partner must consent to their name being legally changed. (see "Changing Spouse/Partner's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a spouse/partner of the applicant named in this application and consent to my name being legally changed as noted in this application.

**X** \_\_\_\_\_  
Signature of spouse/partner

**X** \_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Print full name of witness

\_\_\_\_\_  
Relationship of witness to spouse/partner

\_\_\_\_\_  
Address of witness

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

# SECTION D

## Applicant Changing Child's Name

CHILD 1

### Box D-01 Change to Child's Legal Last Name Child 1

You must present an acceptable Legal Name Document that contains the legal last name for your child/ward. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print your child/ward's **Last Name** exactly as recorded on their Legal Name Document:

(2) Do you want to change your child/ward's **Last Name** as recorded on their Legal Name Document?

Yes  No  I would like to change my child/ward's **Last Name** to:

### Box D-02 Change to Child's Legal Given Name(s) Child 1

You must present an acceptable Legal Name Document that contains all the legal first and middle names for your child/ward. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print all your child/ward's **Given and Middle Names** exactly as they are recorded on their Legal Name Document:

(2) Do you want to change your child/ward's **Given and Middle Names** as recorded on their Legal Name Document?

Yes  No  I would like to change my child/ward's **Given and Middle Names** to:

### Box D-03 Child's Information Child 1

Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Date of Birth (month by name/day/year)	Place of Birth (city/town province/state country)
<b>OFFICE USE ONLY</b>	Registration Number	Amendment Number
		Amend/Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

### Box D-04 Child's Previous Change of Name Information Child 1

You must disclose all your child/ward's previous legal name changes (excluding by adoption or amendment). (see "Previous Name Changes" in the Legal Name Change Information Guide as restrictions apply)

(1) Has your child/ward ever had their name legally changed (not including by adoption or amendment)?  Yes  No

(2) If Yes, provide the details in a box in "Section E" of this application for EACH name change ever processed for them.

### Box D-05 Fingerprints Child 1

If your child/ward is 12 years old or older, you must provide an Electronic Fingerprint Report for them when you are changing their name.

<b>OFFICE USE ONLY</b>	Electronic Fingerprint Report received (initials):
	<input type="text"/>



**Box D-06 Child's Consent  
Child 1 12 Years or Older**

If your child/ward is 12 years old or older, the child/ward must consent to their name being legally changed.

**Child's Current Name**

Last Name  Given and all Middle Names

**Child's New Name**

Last Name  Given and all Middle Names

I, \_\_\_\_\_, am 12 to 17 years old and give my consent to the  
Print full current name of child/ward  
 applicant to legally change my name as noted at the top of this page.  \_\_\_\_\_  
Signature of child/ward

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to child/ward

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-07 Child's Parentage  
Child 1**

Print the names of the parents recorded on your child/ward's birth certificate.

Name of Mother/Parent recorded on your child/ward's birth certificate  Name of Father/Co-Parent recorded on your child/ward's birth certificate

**Box D-08 Parent/Guardian's Consent  
Child 1**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #1 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-09 Parent/Guardian's Consent  
Child 1**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #1 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-10 Parent/Guardian's Consent  
Child 1**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #1 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

## SECTION D Applicant Changing Child's Name

CHILD 2

### Box D-01 Change to Child's Legal Last Name Child 2

You must present an acceptable Legal Name Document that contains the legal last name for your child/ward. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print your child/ward's **Last Name** exactly as recorded on their Legal Name Document:

(2) Do you want to change your child/ward's **Last Name** as recorded on their Legal Name Document?

Yes ▶ I would like to change my child/ward's **Last Name** to:

No

### Box D-02 Change to Child's Legal Given Name(s) Child 2

You must present an acceptable Legal Name Document that contains all the legal first and middle names for your child/ward. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print all your child/ward's **Given and Middle Names** exactly as they are recorded on their Legal Name Document:

(2) Do you want to change your child/ward's **Given and Middle Names** as recorded on their Legal Name Document?

Yes ▶ I would like to change my child/ward's **Given and Middle Names** to:

No

### Box D-03 Child's Information Child 2

Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Date of Birth (month by name/day/year)	Place of Birth (city/town province/state country)
<b>OFFICE USE ONLY</b>	Registration Number	Amendment Number
		Amend/Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

### Box D-04 Child's Previous Change of Name Information Child 2

You must disclose all your child/ward's previous legal name changes (excluding by adoption or amendment). (see "Previous Name Changes" in the Legal Name Change Information Guide as restrictions apply)

(1) Has your child/ward ever had their name legally changed (not including by adoption or amendment)?  Yes  No

(2) If Yes, provide the details in a box in "Section E" of this application for EACH name change ever processed for them.

### Box D-05 Fingerprints Child 2

If your child/ward is 12 years old or older, you must provide an Electronic Fingerprint Report for them when you are changing their name.

<b>OFFICE USE ONLY</b>	Electronic Fingerprint Report received (initials):
------------------------	--

**Box D-06 Child's Consent  
Child 2 12 Years or Older**

If your child/ward is 12 years old or older, the child/ward must consent to their name being legally changed.

**Child's Current Name**

Last Name  Given and all Middle Names

**Child's New Name**

Last Name  Given and all Middle Names

I, \_\_\_\_\_, am 12 to 17 years old and give my consent to the  
Print full current name of child/ward  
 applicant to legally change my name as noted at the top of this page.  \_\_\_\_\_  
Signature of child/ward

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to child/ward

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-07 Child's Parentage  
Child 2**

Print the names of the parents recorded on your child/ward's birth certificate.

Name of Mother/Parent recorded on your child/ward's birth certificate  Name of Father/Co-Parent recorded on your child/ward's birth certificate

**Box D-08 Parent/Guardian's Consent  
Child 2**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #2 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-09 Parent/Guardian's Consent  
Child 2**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #2 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-10 Parent/Guardian's Consent  
Child 2**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #2 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

## SECTION D Applicant Changing Child's Name

CHILD 3

### Box D-01 Change to Child's Legal Last Name Child 3

You must present an acceptable Legal Name Document that contains the legal last name for your child/ward. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print your child/ward's **Last Name** exactly as recorded on their Legal Name Document:

(2) Do you want to change your child/ward's **Last Name** as recorded on their Legal Name Document?

Yes ▶ I would like to change my child/ward's **Last Name** to:

No

### Box D-02 Change to Child's Legal Given Name(s) Child 3

You must present an acceptable Legal Name Document that contains all the legal first and middle names for your child/ward. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print all your child/ward's **Given and Middle Names** exactly as they are recorded on their Legal Name Document:

(2) Do you want to change your child/ward's **Given and Middle Names** as recorded on their Legal Name Document?

Yes ▶ I would like to change my child/ward's **Given and Middle Names** to:

No

### Box D-03 Child's Information Child 3

Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Date of Birth (month by name/day/year)	Place of Birth (city/town province/state country)
<b>OFFICE USE ONLY</b>	Registration Number	Amendment Number
		Amend/Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

### Box D-04 Child's Previous Change of Name Information Child 3

You must disclose all your child/ward's previous legal name changes (excluding by adoption or amendment). (see "Previous Name Changes" in the Legal Name Change Information Guide as restrictions apply)

(1) Has your child/ward ever had their name legally changed (not including by adoption or amendment)?  Yes  No

(2) If Yes, provide the details in a box in "Section E" of this application for EACH name change ever processed for them.

### Box D-05 Fingerprints Child 3

If your child/ward is 12 years old or older, you must provide an Electronic Fingerprint Report for them when you are changing their name.

**OFFICE USE ONLY** Electronic Fingerprint Report received (initials):

**Box D-06 Child's Consent  
Child 3 12 Years or Older**

If your child/ward is 12 years old or older, the child/ward must consent to their name being legally changed.

**Child's Current Name**

Last Name  Given and all Middle Names

**Child's New Name**

Last Name  Given and all Middle Names

I, \_\_\_\_\_, am 12 to 17 years old and give my consent to the  
Print full current name of child/ward  
 applicant to legally change my name as noted at the top of this page.  \_\_\_\_\_  
Signature of child/ward

\_\_\_\_\_  \_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to child/ward

\_\_\_\_\_  
Address of witness City/Town Province Postal Code Phone Number

**Box D-07 Child's Parentage  
Child 3**

Print the names of the parents recorded on your child/ward's birth certificate.

Name of Mother/Parent recorded on your child/ward's birth certificate

Name of Father/Co-Parent recorded on your child/ward's birth certificate

**Box D-08 Parent/Guardian's Consent  
Child 3**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #3 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  \_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_  
Address of witness City/Town Province Postal Code Phone Number

**Box D-09 Parent/Guardian's Consent  
Child 3**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #3 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  \_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_  
Address of witness City/Town Province Postal Code Phone Number

**Box D-10 Parent/Guardian's Consent  
Child 3**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #3 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  \_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_  
Address of witness City/Town Province Postal Code Phone Number

## SECTION D

### Applicant Changing Child's Name

CHILD 4

#### Box D-01 Change to Child's Legal Last Name Child 4

You must present an acceptable Legal Name Document that contains the legal last name for your child/ward. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print your child/ward's **Last Name** exactly as recorded on their Legal Name Document:

(2) Do you want to change your child/ward's **Last Name** as recorded on their Legal Name Document?

Yes ▶ I would like to change my child/ward's **Last Name** to:

No

#### Box D-02 Change to Child's Legal Given Name(s) Child 4

You must present an acceptable Legal Name Document that contains all the legal first and middle names for your child/ward. (see "Legal Name Document" in the Legal Name Change Information Guide as restrictions apply)

(1) Print all your child/ward's **Given and Middle Names** exactly as they are recorded on their Legal Name Document:

(2) Do you want to change your child/ward's **Given and Middle Names** as recorded on their Legal Name Document?

Yes ▶ I would like to change my child/ward's **Given and Middle Names** to:

No

#### Box D-03 Child's Information Child 4

Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Date of Birth (month by name/day/year)	Place of Birth (city/town province/state country)
<b>OFFICE USE ONLY</b>	Registration Number	Amendment Number
		Amend/Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Box D-04 Child's Previous Change of Name Information Child 4

You must disclose all your child/ward's previous legal name changes (excluding by adoption or amendment). (see "Previous Name Changes" in the Legal Name Change Information Guide as restrictions apply)

(1) Has your child/ward ever had their name legally changed (not including by adoption or amendment)?  Yes  No

(2) If Yes, provide the details in a box in "Section E" of this application for EACH name change ever processed for them.

#### Box D-05 Fingerprints Child 4

If your child/ward is 12 years old or older, you must provide an Electronic Fingerprint Report for them when you are changing their name.

<b>OFFICE USE ONLY</b>	Electronic Fingerprint Report received (initials):
	<input type="text"/>

**Box D-06 Child's Consent  
Child 4 12 Years or Older**

If your child/ward is 12 years old or older, the child/ward must consent to their name being legally changed.

**Child's Current Name**

Last Name  Given and all Middle Names

**Child's New Name**

Last Name  Given and all Middle Names

I, \_\_\_\_\_, am 12 to 17 years old and give my consent to the  
Print full current name of child/ward  
 applicant to legally change my name as noted at the top of this page.  \_\_\_\_\_  
Signature of child/ward

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to child/ward

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-07 Child's Parentage  
Child 4**

Print the names of the parents recorded on your child/ward's birth certificate.

Name of Mother/Parent recorded on your child/ward's birth certificate  Name of Father/Co-Parent recorded on your child/ward's birth certificate

**Box D-08 Parent/Guardian's Consent  
Child 4**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #4 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-09 Parent/Guardian's Consent  
Child 4**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #4 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

**Box D-10 Parent/Guardian's Consent  
Child 4**

All the parents recorded on your child/ward's birth certificate in Box D-07, must consent to their child's name being legally changed.  
 All your child/ward's court appointed guardians (if any) must also consent to the child's name being legally changed. (see "Changing Child/Ward's Name" in the Legal Name Change Information Guide as restrictions and additional requirements apply)

I, \_\_\_\_\_, am a parent/guardian of child #4 named in this  
Print full current name of parent/guardian  
 application and, consent to the legal change of my child/ward's name as noted at the top of this page. \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness Print full name of witness Relationship of witness to parent/guardian

\_\_\_\_\_ Address of witness \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number

## SECTION E

### Previous Change of Name Details

- Record the details of every previous legal name change processed (if any) (excluding by adoption or marriage or amendment) for everyone named in this application. (see "Previous Name Change" in the Legal Name Change Information Guide as restrictions apply)
- If you require more boxes, attach the additional details on a separate page to this application.

Who is the Change of Name for (please indicate one) <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child/Ward		
What was the full name changed <b>FROM</b> (as shown on Change of Name Certificate)		
What was the full name changed <b>TO</b> (as shown on Change of Name Certificate)		
Date Change of Name Registered (month by name/day/year)	Where was the change of name granted (include Province and Country)	Change of Name Registration Number

  

Who is the Change of Name for (please indicate one) <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child/Ward		
What was the full name changed <b>FROM</b> (as shown on Change of Name Certificate)		
What was the full name changed <b>TO</b> (as shown on Change of Name Certificate)		
Date Change of Name Registered (month by name/day/year)	Where was the change of name granted (include Province and Country)	Change of Name Registration Number

  

Who is the Change of Name for (please indicate one) <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child/Ward		
What was the full name changed <b>FROM</b> (as shown on Change of Name Certificate)		
What was the full name changed <b>TO</b> (as shown on Change of Name Certificate)		
Date Change of Name Registered (month by name/day/year)	Where was the change of name granted (include Province and Country)	Change of Name Registration Number

  

Who is the Change of Name for (please indicate one) <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child/Ward		
What was the full name changed <b>FROM</b> (as shown on Change of Name Certificate)		
What was the full name changed <b>TO</b> (as shown on Change of Name Certificate)		
Date Change of Name Registered (month by name/day/year)	Where was the change of name granted (include Province and Country)	Change of Name Registration Number

  

Who is the Change of Name for (please indicate one) <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child/Ward		
What was the full name changed <b>FROM</b> (as shown on Change of Name Certificate)		
What was the full name changed <b>TO</b> (as shown on Change of Name Certificate)		
Date Change of Name Registered (month by name/day/year)	Where was the change of name granted (include Province and Country)	Change of Name Registration Number