

NOTE TO ALL APPLICANTS

Before you begin, be sure you understand the eligibility requirements for:

- | | | |
|--------------------------|---------------------------------------------|--------------------------|
| 1.) Age | 3.) Consent for changes to children's names | 5.) Fees |
| 2.) Residency / Domicile | 4.) Publication | 6.) Supporting Documents |

* **NOTE:** A change of name will normally be reflected on the Registration of Birth and Marriage if the event occurred in British Columbia (and within Canada in most cases)

IF THE REQUESTED CHANGE IS TO REVERT TO A MAIDEN SURNAME, A LEGAL CHANGE OF NAME MAY NOT BE REQUIRED.

If you would like to discuss the process, please contact us at one of the following locations,
or phone 1-800-663-8328. Our staff will be pleased to help you.

- | | | | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1.) PO BOX 9657
STN PROV GOVT
818 Fort Street
Victoria, B.C. V8W 9P3
Phone: (250) 952-2681 | 2.) 101 - 1475 Ellis Street
Kelowna, B.C. V1Y 2A3
Phone: (250) 712-7562 | 3.) 250 – 605 Robson Street
Vancouver, B.C. V6B 5J3
Phone: (604) 660-2937 | 4.) 433 Queensway Street
Prince George BC V2L 5M2
Phone: (250) 565-7105 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

BASIC ELIGIBILITY REQUIREMENTS

(The following information describes qualifications for applicants)

1.) AGE

APPLICANTS MUST

- Be at least 19 years old
- OR
- IF less than 19 years old AND a parent,
MUST have custody of their child

2.) RESIDENCY / DOMICILE

APPLICANTS MUST

- Have resided in B.C. for at least three months immediately before the date of application.
- OR
- Be domiciled in B.C. for at least three months.

3.) CHANGING YOUR CHILD'S NAME

An applicant who is a parent of a minor child (or children) may apply to change their child's names if they;

- a) Have custody of the child
AND
- b) Have the consent of the other parent
OR An acceptable reason to request waiver of the consent. (*See Request for Waiver, Page 4.*)
- c) Have the consent of the child if the child is at least 12 years of age or over.
- d) Have the consent of the spouse if the child's name is changing to the spouse's name.
- e) A parent must act as applicant and complete Part 1(a) giving information on themselves.

4.) PART 1

All applications must include completion of Part 1 (a & b) by the applicant. An applicant may be a person changing their own name; or, a parent making application to change their child's name.

NOTE: A legal Change of Name, under the "Name Act", is not required for a person to return to their maiden surname.

5.) PUBLICATION *

Applicants are required to publish a public notice of intention to change names before submitting an application to the Vital Statistics Agency.

The notice shall:

- Include the present and intended names
- Complete address of applicant
- Be published in one issue of the B.C. Gazette
AND
- Be published in one issue of a newspaper circulating in the applicant's area of residence
- Be published within two months prior to the date of the application.

***NOTE:** This does not apply when applicant is only changing a child's name.

6.) FEES

Applications must be accompanied with the required fee in the form of a money order or cheque payable to the Minister of Finance.

- \$137 for an application concerning one person's change of name.
- PLUS
- \$27 for each child included in the application.

NOTE: The fees include one change of name certificate (framing size) showing all authorized name changes.

7.) SUPPORTING DOCUMENTS

Applicants must provide the following:

- Birth certificates for each person whose name is to be changed if born in Canada or the United States. If born elsewhere, copies of immigration papers are required.
- Marriage certificate where applicable
- Documents showing continuity of surnames if changing from married name
- Proof of custody as applicable where a parent is applying to change their child's name AND
- Consent forms from
 - a) The other parent when a parent is changing their child's name or a request for waiver of consent.
 - b) The spouse when a parent is changing their child's name to that of their spouse.
- Proof of residency / domicile if requested.

- 8.) Original Canadian certificates will not be returned upon Change of Name completion.

APPLICATION FOR CHANGE OF NAME PART 1 (a)

To be completed by the person applying to change their own name, or by a parent applying on behalf of their child.

APPLICANT'S INFORMATION

INTENT OF CHANGE	<input type="checkbox"/> SURNAME ONLY <input type="checkbox"/> GIVEN NAMES ONLY <input type="checkbox"/> BOTH SURNAME & GIVEN NAMES <input type="checkbox"/> NO CHANGE <i>(Changing Child's Name Only)</i>			OFFICE USE ONLY AFS # REG. # DATE REC'D. MMM DD YY YY		
	* NOTE: A change of name will normally be reflected on the Registration of Birth and Marriage if the event occurred in British Columbia (and within Canada in most cases)					
PRESENT NAME	SURNAME		GIVEN NAME(S)		SEX	
PROPOSED NAME (if applicable)	SURNAME		GIVEN NAME(S)			
DATE & PLACE OF BIRTH	DATE OF BIRTH MMM DD YYYY		PLACE OF BIRTH <i>(City / Town)</i> <i>(Province / State / Country)</i>			
MARITAL STATUS AND DETAILS	<input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED					
	DATE OF MARRIAGE MMM DD YYYY		PLACE OF MARRIAGE <i>(City / Town)</i> <i>(Province / State / Country)</i>			
PLACES OF RESIDENCE FOR LAST THREE MONTHS	STREET		CITY	POSTAL CODE	PHONE NUMBER	
ADDRESS FOR CORRESPONDENCE OR CERTIFICATE (if different from above)	STREET					
REASON FOR CHANGE	MAIL TO: <input type="checkbox"/> ABOVE ADDRESS <input type="checkbox"/> ALTERNATE ADDRESS BELOW:					
	NAME/ORGANIZATION					
	STREET					
	CITY					
	PROV./STATE		POSTAL CODE			
	<input type="checkbox"/> ALIGN CHILD'S NAME		<input type="checkbox"/> RETAIN FAMILY NAME		<input type="checkbox"/> NUMEROLOGY	
	<input type="checkbox"/> RELIGIOUS		<input type="checkbox"/> DIVORCE		<input type="checkbox"/> PERSONAL: (describe)	
	<input type="checkbox"/> ANGLICIZE		<input type="checkbox"/> PROFESSIONAL			

ADVERTISING DETAILS (if applicable)

ATTACH ADVERTISING SAMPLES IN SPACE PROVIDED	B.C. GAZETTE Attach original clipping from Gazette		LOCAL NEWSPAPER Attach original clipping from local newspaper	
CLIPPINGS FROM B.C. GAZETTE AND LOCAL NEWSPAPER				
	DATE OF PUBLICATION: MMM DD YYYY		DATE OF PUBLICATION: MMM DD YYYY	
			NAME OF PUBLICATION:	

**APPLICATION FOR CHANGE OF NAME
PART 1 (b)**

To be completed by the person applying to change their own name, or by a parent applying on behalf of their child.

DOCUMENTATION

PROOF OF BIRTH	BIRTH CERTIFICATE (IF BORN IN CANADA) <input type="checkbox"/> ENCLOSED <input type="checkbox"/> NOT ENCLOSED	BIRTH REGISTRATION NO.
	IMMIGRATION DOCUMENTS (IF BORN OUTSIDE CANADA) <input type="checkbox"/> ENCLOSED <input type="checkbox"/> NOT ENCLOSED	
PROOF OF MARRIAGE	PROVINCIAL MARRIAGE CERTIFICATE (if married) <input type="checkbox"/> ENCLOSED <input type="checkbox"/> NOT ENCLOSED	MARRIAGE REGISTRATION NO.

STATUTORY DECLARATION

APPLICANT'S STATUTORY DECLARATION	<p>I understand that by making application for a name change, a criminal name check may be made on my current name by the RCMP</p> <p>AND</p> <p>I have read the application and to the best of my knowledge, information and belief, the statements made are true in substance and in fact</p> <p>AND</p> <p>I have enclosed all Birth Certificates in my/our possession for each person whose name is to be changed if born in Canada, and all Marriage Certificates if applicable, and I understand they will not be returned on completion of a Name Change.</p> <p>AND</p> <p>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.</p>			
	<p>X _____</p> <p style="text-align: center;">MMM DD YYYY SIGNATURE OF APPLICANT</p>			
	<p>Date <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table></p>			
	<p>Declared before me at _____</p> <p style="text-align: center;">in the Province of British Columbia, this</p> <p>_____ day of _____, _____</p>			
<p>X _____</p> <p style="text-align: center;">SIGNATURE OF LAWYER, NOTARY PUBLIC OR COMMISSIONER FOR TAKING AFFIDAVITS</p>				

NOTE: Your signature may be witnessed at no extra charge at any Vital Statistics or Government Agent office in British Columbia.

The information on this form is collected under the authority of the Name Act (RSBC 1996, c.328, Sec. 7 (1)). The information provided will be used to fulfill the requirements of the Name Act . The release of this information is in compliance with the Name Act and will be handled in accordance with the Freedom of Information and Protection of Privacy Act . If you have any questions about the collection or use of this information, please contact a Vital Statistics representative toll free at 1-800-663-8328.



CHILD'S PARTICULARS

(IF CHANGING A CHILD'S NAME COMPLETE AS REQUIRED)

INTENT OF CHANGE	<input type="checkbox"/> SURNAME ONLY <input type="checkbox"/> GIVEN NAMES ONLY <input type="checkbox"/> BOTH SURNAME & GIVEN NAMES		
PRESENT NAME OF CHILD	SURNAME _____ GIVEN NAME(S) _____		
DATE & PLACE OF BIRTH	DATE OF BIRTH MMM DD YYYY <div></div> <div></div> <div></div>	SEX <div></div>	PLACE OF BIRTH (City / Town) _____ (Province / State / Country) _____
PROOF OF BIRTH SHOWING PARENTAGE	BIRTH CERTIFICATE (IF BORN IN CANADA) <input type="checkbox"/> ENCLOSED <input type="checkbox"/> NOT ENCLOSED IMMIGRATION DOCUMENTS (IF BORN OUTSIDE CANADA) <input type="checkbox"/> ENCLOSED <input type="checkbox"/> NOT ENCLOSED		BIRTH REGISTRATION NO. _____
PROPOSED NAME OF CHILD	SURNAME _____ GIVEN NAME(S) _____		
CHILD'S CONSENT <div>IF CHILD IS AGE 12 - 18 YEARS</div>	I HERBY GIVE MY CONSENT TO CHANGE MY NAME AS STATED IN THIS APPLICATION CHILD'S SIGNATURE X _____ DATE <div>MMM DD YYYY</div> <div></div> <div></div> <div></div>		SIGNATURE OF WITNESS X _____ DATE <div>MMM DD YYYY</div> <div></div> <div></div> <div></div> ADDRESS OF WITNESS _____ _____
CONSENT OF OTHER PARENT	I, _____ AM THE NATURAL _____ NAME (printed) _____ MOTHER / FATHER OF _____ CHILD'S NAME _____ AND HEREBY GIVE MY CONSENT TO CHANGE MY CHILD'S NAME TO _____ SIGNATURE X _____ ADDRESS _____ DATE <div>MMM DD YYYY</div> <div></div> <div></div> <div></div> WITNESS X _____ ADDRESS _____ DATE <div>MMM DD YYYY</div> <div></div> <div></div> <div></div>		
REQUEST FOR WAIVER	I REQUEST THAT THE CONSENT OF _____ SURNAME _____ GIVEN NAME (S) _____ WHO IS THE _____ OF MY CHILD BE WAIVED FOR THE FOLLOWING REASON: MOTHER / FATHER a) <input type="checkbox"/> THE OTHER PARENT WAS NOT NAMED ON THE REGISTRATION OF LIVE BIRTH, OR b) <input type="checkbox"/> THE OTHER PARENT IS DECEASED, (PROOF ATTACHED) OR c) <input type="checkbox"/> THE APPLICANT PROVIDES A LETTER FROM THE POLICE INDICATING THAT THE APPLICANT WOULD BE IN PHYSICAL DANGER BY APPROACHING THE OTHER PARENT FOR CONSENT, OR d) <input type="checkbox"/> OTHER PARENT HAS NO ACCESS RIGHTS, (PROVEN BY DOCUMENTATION FROM THE COURTS) AND IS NOT PROVIDING SUPPORT PAYMENTS, OR e) <input type="checkbox"/> THE APPLICANT IS THE MOTHER OF THE CHILD, WAS NEVER MARRIED TO THE FATHER, AND STATES THAT THE FATHER HAS NOT SEEN THE CHILD FOR OVER 1 YEAR, DOES NOT PROVIDE SUPPORT AND HIS WHEREABOUTS IS UNKNOWN. (A DETAILED EXPLANATION OF CIRCUMSTANCES MUST BE PROVIDED IN THE FORM OF A STATUTORY DECLARATION - SEE PAGE 7 FOR FORM). SIGNATURE X _____ DATE <div>MMM DD YYYY</div> <div></div> <div></div> <div></div>		
CONSENT OF SPOUSE OF APPLICANT <div>USE ONLY IF CHILD'S SURNAME IS CHANGING TO THAT OF APPLICANT'S SPOUSE</div>	I, _____ NAME (printed) HEREBY CONSENT TO THE NAME CHANGE FOR _____ CHILD'S NAME CHANGING TO _____ _____		X _____ SIGNATURE OF SPOUSE OF APPLICANT X _____ SIGNATURE OF WITNESS ADDRESS OF WITNESS _____ DATE <div>MMM DD YYYY</div> <div></div> <div></div> <div></div>



The BC Gazette notice of intent is forwarded directly to the Queen's Printer, c/o BC Gazette, PO Box 9452 Stn Prov Govt, Victoria, BC V8W 9V7. Contact the BC Gazette for current prices. Payment by Visa, MasterCard, Postal Money Order or Certified Cheque must accompany your publication request.

PLEASE PRINT OR TYPE CLEARLY - MUST BE ADVERTISED IN FULL OR ADS WILL BE REJECTED

NOTICE is hereby given that an application will be made to the Director of Vital Statistics for a change of name, pursuant to the provisions of the "Name Act" by me: -

NAME OF APPLICANT IN FULL _____

ADDRESS _____

CITY _____ POSTAL CODE _____

**TO CHANGE
MY NAME**

FROM	SURNAME
	GIVEN NAMES
TO	SURNAME
	GIVEN NAMES

DATED THIS _____ DAY OF _____, _____
Day Month Year

SIGNATURE OF APPLICANT _____ TELEPHONE # _____

☐ For publication in
B.C. Gazette.



The newspaper notice of intent is forwarded directly to a local newspaper of your choice. Contact the local newspaper for current prices. Payment must accompany your publication request.

PLEASE PRINT OR TYPE CLEARLY - MUST BE ADVERTISED IN FULL OR ADS WILL BE REJECTED

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**TO CHANGE
MY NAME**

FROM	SURNAME
	GIVEN NAMES
TO	SURNAME
	GIVEN NAMES

DATED THIS _____ DAY OF _____, _____
Day Month Year

SIGNATURE OF APPLICANT _____ TELEPHONE # _____

☐ For publication in
local paper.

STATUTORY DECLARATION

This Statutory Declaration is to be completed and processed if the Applicant is asking for Waiver of Consent of the Other Parent. See page 4, Request for Waiver, (e) for details.

CANADA:
PROVINCE OF BRITISH COLUMBIA.
To Wit:

} *In the Matter of*

I,

of

in the Province of British Columbia, do solemnly declare that

I verify that all supporting documents represent current circumstances and orders in affect as of this date.

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 and by virtue of the "Canada Evidence Act."

Declared before me at the _____
of _____, in the
Province of British Columbia, this _____
day of _____, YYYY

} _____
DECLARANT'S SIGNATURE

*A Commissioner for taking Affidavits for British Columbia or
A Notary Public in and for the Province of British Columbia.*

BEFORE YOU SEND IN YOUR APPLICATION

Checklist of Items Required

Applicant – Part 1

- ☐ Fees (*Cheque or Money Order*)
- ☐ Original Birth Certificate (*if born in Canada and name is changing*)
**If born in the United States, send a photocopy only.*
- ☐ Copy of Immigration Record (*if born outside Canada or United States*)
- ☐ Original Marriage Certificate (*if currently married and marriage occurred in Canada, otherwise send a photocopy*)
- ☐ All signatures present
- ☐ Signature/witnessed
- ☐ Original current ADVERTISEMENTS INCLUDED

Child – Part 2

- ☐ Original Birth Certificate showing parentage
(*if born in Canada, otherwise send a photocopy*)
- ☐ Copy of Immigration Record (*if born outside Canada or United States*)
- ☐ Custody papers (*copy*)
- ☐ Child's signature – if 12 years or older
- ☐ Spouse's consent
- ☐ Other natural parent's consent, or request for waiver completed
- ☐ Statutory Declaration to support a Request for Waiver
(*form on page 7 to be signed in the presence of a Commissioner for taking Affidavits or Notary Public*)

NOTE: If you were born in Canada and require a new birth certificate reflecting your legal change of name, you must apply for that document in the province of your birth after the change is completed. Be sure to advise them of your recent change of name and enclose a photocopy of your Name Change Certificate.