



APPLICATION FOR CHANGE OF NAME CERTIFICATE

PRINT your name, address and identifying information clearly. Complete the application in full and enclose payment. Incomplete applications will be returned by mail.

SHADED AREA FOR OFFICE USE ONLY

MAILING ADDRESS INFORMATION

Form fields for mailing address: SURNAME, GIVEN NAMES, MAILING ADDRESS, CITY, PROVINCE/STATE, COUNTRY, POSTAL CODE, HOME/CELL NUMBER, WORK NUMBER.

DETAILS OF NAME CHANGE

Form fields for name change details: PREVIOUS SURNAME, PREVIOUS GIVEN NAMES, NEW SURNAME, NEW GIVEN NAMES, DATE OF BIRTH, BIRTHPLACE, SEX.

YOUR RELATIONSHIP TO EVENT

Relationship options: Self, Parent (if child under 19 years of age), Other *

Reason certificate is required: _____

Your signature (written) : _____

* If your relationship to the event is "Other", you must provide: 1. Documentation to support your relationship to the event. 2. A written explanation of why the Change of Name Certificate is needed.

SERVICES REQUIRED

Service options: Regular service - \$27.00 per certificate, Courier service* - \$60.00 per certificate

*NOTE: The fee includes the cost of the search of our records. A certificate is generated upon confirmation of a record held. If no record of the event is found, the fee is applied to the search process.

CONTACT US

Mailing Address: Vital Statistics Agency, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3
Telephone: (Victoria & Outside B.C.) 250 952-2681, (within B.C.) 1 888 876-1633
Web: www.gov.bc.ca/vitalstatistics

Apply for services in person at any Service BC Centre. Visit www.servicebc.gov.bc.ca for your nearest location.

The information provided will be used to fulfil the requirements of the Name Act for the release of change of name information. If you have any questions about the collection or use of this information, please contact a Vital Statistics representative at 250 952-2681.

PAYMENT METHODS

Payment options: Cheque *, Money Order, Visa, MasterCard, American Express

AMOUNT ENCLOSED \$ _____

Interac/Cash payment may be made in person at any Service BC location. Cheque or money order made payable to the Minister of Finance.

Card holder signature _____

PRINT Card holder name as shown on Credit Card _____

Credit Card # _____ Expiry date _____