

# STATUTORY DECLARATION RE: AMENDMENT OF A GIVEN NAME ON A BIRTH RECORD

### Please read the instructions and documentation requirements on page 2 of this form.

APPLICANT'S INFORMATION							
PRINT your name, address and identifying i your service or correspondence.	ing FOR OFFICE USE ONLY: AFS#						
Surname		Given Name(s)					
Mailing Address							
City/Town/Village, Province/State, Country			Postal/ZIP Code				
Home Phone (include area code)	Work Phone (include area code)		If Company, Attention:				
DETAILS OF BIRTH AS CURRENTLY REGISTERED							
Surname on Birth Record		Given Name(s) on Birth	Record	Sex			
Date of Birth  Month   Day   Year  Place of Birth (City, Town or Village)							
Surname of Father/Parent Glven Name(s) E			COLUMBIA rthplace of Father/Parent (City, Prov/State, Country)				
<u>Maiden Surname</u> * of Mother/Parent	Given Name(s)	E	hplace of Mother/Parent (City, Prov/State, Country)				
*Surname before marriage. The mother's maiden sur noted on the Certificate of Change of Name.	name is the last name she was giv	en at birth, or if a legal cha	nge of name has been completed, her new last r	ame as			
	AMENDMEN	T REQUESTED					
☐ Child is <u>under</u> 1 year old. The given name(s) for the above birth to be registered as:							
	Full G	iven Name(s)					
☐ Child is over 1 year old. Certified evidence of the usage of the proposed given name(s) obtained before the child's 12th birthday is attached.							
Full Given Name(s)							
	DECLA	ARATION					
<ul> <li>I/We desire the amendment as shown above to be made pursuant to the <i>Vital Statistics Act</i>.</li> <li>I/We have enclosed all certificates in my/our possession that relate to this event and understand that <i>they will not be returned</i> on completion of this amendment.</li> <li>I/We understand that all certificates issued prior to this amendment will be cancelled under section 40.1 of the <i>Vital Statistics Act</i>.</li> <li>I/We 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.</li> </ul>							
Declared before me at		_	†Signature of Mother/Parent/Guardian or Declarant				
in the Province of British Columbia, thisday of	Day		<sup>†</sup> Signature of Father/Parent/Guardian or Declarant				
Month	Year	— J <b>x</b> —	Signature of Lawyer, Articled Law Student, Notary Pub or Commissioner for Taking Affidavits	lic,			
†Note: The signatures of BOTH parents/guardians are required for a change to the birth record of a minor.							

This information is collected by the Vital Statistics Agency under section 26(c) of the Freedom of Information and Protection of Privacy Act, and will be used to fulfill the requirements of the Vital Statistics Act for the release of change of name information. Should you have any questions about the collection of this personal information, please contact:

Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657, Stn Prov Govt, Victoria BC V8W 9P3.

#### **AMENDMENT OF A GIVEN NAME**

Section 10 of the *Vital Statistics Act* provides the authority to make an amendment to the given name(s) ONLY of a child where the name(s) was/were changed or given to the child prior to their 12<sup>th</sup> birthday. This **must be supported by documentary evidence** of the name(s) being used prior to the 12<sup>th</sup> birthday. *All other circumstances require a legal change of name*.

#### Who is eligible to apply for the amendment?

- If the child is 18 years of age or younger the parents or guardians of the child.
- If the child is 19 years of age or older the child is the only eligible applicant.

#### What to include with your application

Include the following items with your completed "Statutory Declaration Re: Amendment of a Given Name on a Birth Record":

- 1. A minimum of two pieces of evidence to support the requested amendment under section 10 of the Vital Statistics Act:
  - Baptismal record
  - School records
  - Immunization cards
  - Dental records
  - · Health records
  - · Aboriginal band records

In order to be considered valid evidence, documents must be BOTH:

- completed and dated prior to the person's 12<sup>th</sup> birthday, AND
- certified\*
- \*A certified copy is a photocopy of a document, authenticated by an authorized official (lawyer, articled law student, notary public or commissioner for taking affidavits), as a true photocopy of the original document.
- 2. Payment of the \$27.00 fee for the amendment of a given name.
- 3. Payment for a new birth certificate if you would like one mailed or couriered to you once the amendment is complete. (\$27.00 for a certificate delivered by mail; \$60.00 for a certificate delivered by courier).
- 4. All birth certificates that list the child's given name as it is prior to the amendment.

Birth certificates listing the pre-amendment name(s) are no longer valid once the name(s) is/are amended, so **must be returned** to the Vital Statistics Agency.

Note: This request must be reviewed and may be denied if the supporting evidence provided is deemed insufficient.

#### CONTACT INFORMATION

Mailing Address: Vital Statistics Agency, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3

Telephone: 250 952-2681 (Victoria & Outside B.C.), 1 888 876-1633 (within B.C.)

Web: www2.gov.bc.ca/gov/content/life-events

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

## FEES FOR NEW CERTIFICATES (ADD TO \$27.00 FEE FOR CHANGE TO REGISTRATION)

after the amendment is complete, and is mailed.)			after the amendment is complete, and is sent by courier.)				
☐ Birth Certificate (Individual Information only - 12.5 cm x 17.6 cm)			☐ Birth Certificate (Individual Information only - 12.5 cm x 17.6 cm)				
☐ Birth Certificate (Includes Parental Information - 12.5 cm x 17.6 cm)			☐ Birth Certificate (Includes Parental Information - 12.5 cm x 17.6 cm)				
☐ Registration Photocopy, Regular Service - \$50.00 per photocopy (average 20 business days processing time)			☐ Registration Photocopy, Courier Service - \$60.00 per photocopy				
†Vital Statistics sends certificate orders by mail unless courier service is requested. <i>Delivery time is dependent on shipping destination</i> . Courier delivery is <u>not</u> made to post office boxes, apartment complexes, homes that use Super Box (community) mailboxes, or basement suites. Instead, Canada Post leaves a notice with instructions for you to pick up the certificate at the closest postal facility. ID and signature are required upon pick up.							
PAYMENT METHOD							
☐ Cheque*	☐ Money Order	• Uisa	☐ MasterCard	☐ American Express			
*Postdated cheques are not accepted. Make cheques or money orders payable to the Minister of Finance. Interac/Cash payments can be made in person at a Service BC office. Visit <a href="www.servicebc.gov.bc.ca">www.servicebc.gov.bc.ca</a> to find a location near you.							
AMOUNT ENCLOSED:		X					
Amendment Fee	\$ 27.00	Card holder signature					
New Certificate(s) (See fees above)	\$		PRINT card holder name as shown on credit card				
,		Credit Card #		Expiry date			
Total Amount Enclosed	\$						

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Note: Credit card information is not retained. Upon authorization of the payment request, all credit card information is destroyed.