

## APPLICATION FOR CHANGE OF NAME CERTIFICATE

PRINT your name, address an	SHADED AREA FOR OFFICE USE ONLY									
in full and enclose payment. In										
MAILING ADDRESS INFORMATION  SURNAME GIVEN NAME(S)										
SURIVAIVIE	GIVEN NAIVI	E(3)								
MAILING ADDRESS										
CITY/TOWN/VILLAGE, PROVINCE/STATE, COUNTRY POSTAL/ZIP CODE										
HOME/CELL PHONE NUMBER (INCLUDE AREA CODE) WORK		WORK PHONE NUMBER (II	NCLUDE AREA CODE)							
DETAILS OF NAME CHANGE										
PREVIOUS SURNAME PREVIOUS GIVEN NAME(S)										
NEW SURNAME NEW GIVEN NAME(S)										
SEX DATE OF BIRTH MONTH DAY YEAR MIMM DD YYYYY  BIRTHPLACE (CITY/TOWN/VILLAGE, PROVINCE/STATE, COUNTRY)										
YOUR RELATIONSHIP TO EVENT										
☐ Self ☐ Parent (if child under 19 years of age) ☐ Other:*										
Note: Certificates are available for legal name changes only and not for name changes due to using a spouse's surname after marriage.										
Reason certificate is re	· -									
Your sig	nature: 🗶									
*If your relationship to the event is "Other", you <u>MUST</u> 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										
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.										
Regular service - \$27.00 per certificate (Average 2 to 5 business days processing time, plus regular mail delivery time.)										
Courier service†- \$60.00 per certificate (24-hour processing time, plus courier delivery time to shipping destination.)										
†NOTE: Courier delivery is <u>I</u> Card is left with ins		office boxes, apartment t the delivery at the near					. Instead,	a Deliv	ery Notio	ce
CONTACT US										
Mailing Address:Vital Statistics Agency, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3Telephone:(Victoria & Outside B.C.) 250 952-2681, (within B.C.) 1 888 876-1633Web: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.										
	FREEDO	M OF INFORMA	TION AND	PROTECTION (	OF PRIV	ACY				
This information is collected by the of the <i>Vital Statistics Act</i> for the re Manager, Vital Statistics Agency, 2	lease of change of	name information. Should	d you have any ques							nents
		PAY	MENT MET	HODS						
Cheque or Money Order p	ayable to the Min	ister of Finance. (Postdate	d cheques are not acc	epted.)						
Credit Card: Please bill my	v: 🔲 Visa 🔲 M	asterCard 🔲 American	Express							
Interac/Cash payments can be	<u>a</u> to find a location near yo	(	Amount En	closed \$						
Card holder name:		_					ノ			
Card holder signature:										
Credit Card #:			E	expiry date:						
Note: Credit card information is	not retained. Upor	authorization of the paym	nent request, all cred	lit card information is des	troyed.					