



Statement of Name Change Form

Please complete this form if you would like the Ministry of Education and Child Care to change your name in our records. Submit the completed form by email to trb.certificateservices@gov.bc.ca, by fax at 604-775-4859, or by mail to the address at the bottom of the form.

YOUR INFORMATION Date of Birth (YYYY-MM-DD) File/Certificate No.

Given Names Surname

Previous Surnames

Mailing Address

Email Address Home Telephone Number (include area code) Work Telephone Number (include area code)

STATEMENT OF NAME CHANGE INFORMATION

Please check one of the following:

- I would like the Ministry to revert to using my birth name. I do not need to provide additional documentation unless the Ministry specifically requests it.
I would like the Ministry to use my new name. I have attached a copy of my marriage certificate or legal name change document as proof of my new name.

I most recently used the name:

Given Names Surname/Last Name

I would like the Ministry to use the following name:

Given Names Surname/Last Name

REQUEST TO CHANGE NAME

I hereby request that the Ministry change my name in its records and begin using the above-mentioned name effective immediately:

Signature Date Signed (YYYY-MM-DD)

Sept 2024