

Application for Change of Name of an Adult

To be completed by the person applying to change their own name

Applicant Information

1	Intent of Change	Surname Only <input type="checkbox"/> Given Names Only <input type="checkbox"/> Both Surname and Given Name <input type="checkbox"/>			
	Current Name (as shown on birth registration)	NOTE: A change of name will be reflected on the Registration of Birth if the event occurred in Newfoundland and Labrador (and within Canada in most cases). However, a change of name will only be reflected on the Registration of Marriage if requested and with the consent of the other spouse.			
	Proposed Name	Surname Given Name Middle Name(s)			
	Date and Place of Birth	Y Y Y Y M M D D	City / Town	Province / State	Country
	Current Address	Street			
		City / Town	Province / State	Postal Code	Country

Documentation

2	Proof of Birth	Original Birth Certificate (if born in Canada) Enclosed <input type="checkbox"/> Request for Birth Certificate attached (if born in NL and do not have a birth certificate) <input type="checkbox"/>	Birth Registration Number
		Certified copy of Immigration and Citizenship Documents (if born outside Canada) Enclosed <input type="checkbox"/>	

Publication of Change of Surname

3	Applicant's Statutory Declaration	<p>I understand that by making application for a change of surname for myself, a notice of the change of surname will be published in the Gazette.</p> <p>AFFIDAVIT OF GOOD FAITH</p> <p>I, _____</p> <p>of _____</p> <p>in the Province of Newfoundland and Labrador, DO SOLEMNLY SWEAR / AFFIRM:</p> <ol style="list-style-type: none"> 1. That I am the applicant named in the above application which I make in good faith without intention to defraud, mislead or conceal my previous identity for an improper purpose. 2. That I have been ordinarily resident in the Province of Newfoundland and Labrador for at least three (3) months. 3. That I am aware that notice of my change of name may be provided to peace officers, as well as other public officers of departments and agencies of Government. 4. That I have read the application for a change of name and, to the best of my knowledge, information, and belief, the statements made therein are true in substance and in fact. <p>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 <i>Canada Evidence Act</i>.</p> <p>SWORN TO / AFFIRMED before me</p> <p>at _____</p> <p>in the _____ of _____</p> <p>this ____ day of _____, 20 ____.</p> <p>Commissioner of Oaths / Justice of the Peace / Notary Public - with raised seal (if completed outside Newfoundland and Labrador)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>
		<p>Signature of Applicant</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>

Request for Exemption from Publication	<p>I hereby request an exemption, pursuant to Section 14(2) of the Change of Name Act 2009 to the requirement to publish the change of surname in the Gazette on the following ground(s):</p> <p style="padding-left: 40px;">I would be unduly prejudiced or embarrassed by the publication <input type="checkbox"/> (Please provide details in sealed envelope)</p> <p style="padding-left: 40px;">the change of surname applied for is of a minor effect <input type="checkbox"/></p> <p style="padding-left: 40px;">I have been commonly known under the new surname <input type="checkbox"/></p> <p>I have enclosed the documentation to support the above request.</p>
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Request for Change of Name on Marriage Registration

Marital Status and Details	Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	Married Surname	
	Date of Marriage Y Y Y Y M M D D	Place of Marriage City / Town	Province / State Country
Proof of Marriage	Provincial Marriage Certificate (if married) Enclosed <input type="checkbox"/> Request for Marriage Certificate attached <input type="checkbox"/> (if you were born in NL and do not have a Marriage Certificate)	Marriage Registration No.	
Consent of Spouse	I, _____ the spouse of the applicant hereby consent to the marriage registration being amended to reflect my spouse's new name. <div style="text-align: right; margin-top: 10px;"> _____ Spouse </div>		

5 Please return completed form to Vital Statistics Division, Service NL, P. O. Box 8700, St. John's, NL Canada A1B 4J6. Telephone: (709) 729-3308, Facsimile (709) 729-0946, e-mail: vstats@gov.nl.ca

PRIVACY NOTICE
 The information on this form is collected under the authority of the *Change of Name Act, 2009* SNL 2009 c.C-8.1 and will be used to fulfill the requirements of the *Change of Name Act, 2009*. Any release of this information will be in compliance with *Change of Name Act, 2009* and the *Access to Information and Protection of Privacy Act*. If you have any question about the collection or use of this information, please contact a Vital Statistics representative at 709-729-3308.