

# Application for Change Name of a Child

## Applicant Information

**1**

<b>Intent of Change</b>	Surname Only <input type="checkbox"/> Given Names Only <input type="checkbox"/> Both Surname and Given Name <input type="checkbox"/>																		
	<b>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)</b>																		
<b>Current Name of Child (as shown on birth registration)</b>	Surname	Given Name	Middle Name(s) <span style="float: right;">Female <input type="checkbox"/> Male <input type="checkbox"/></span>																
<b>Proposed Name of Child</b>	Surname	Given Name	Middle Name(s)																
<b>Date and Place of Birth</b>	Y Y Y Y    M M    D D	City / Town	Province / State <span style="float: right;">Country</span>																
<b>Proof of Birth (if born outside NL, long form birth certificate is required)</b>	Birth Certificate (if born in Canada) Original Enclosed <input type="checkbox"/> Request for Birth Certificate attached <input type="checkbox"/> (if born in NL and do not have a birth certificate)		Birth Registration Number																
	Certified copy of Immigration and Citizenship Documents (if born outside Canada) Enclosed <input type="checkbox"/>																		
<b>Current Address of Applicant</b>	Street		Email/Phone Number																
	City / Town	Province / State	Country <span style="float: right;">Postal Code</span>																
<b>Child's Consent</b> (if child is 12 years of age or older)	I hereby give my consent to change my name as stated in this application																		
	Child's Signature _____ Date <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>		Y	Y	Y	Y	M	M	D	D	Signature of Witness _____ Date <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D												
Y	Y	Y	Y	M	M	D	D												
<b>Consent of Other Parent</b>	I _____ am the parent of _____ Name (Printed) <span style="float: right;">Child's Full Name</span>																		
	and hereby give my consent to change my child's name to _____.																		
	Signature _____ Date <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>		Y	Y	Y	Y	M	M	D	D	Witness _____ Date <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D												
Y	Y	Y	Y	M	M	D	D												
<b>Request for Waiver</b> (Please complete Section 3 on reverse of this form)	I request that the consent of the other parent of my child be waived for the following reason: <input type="checkbox"/> There is no other parent registered on the child's birth registration and there are no legal proceedings ongoing in relation to parentage or custody of the child <input type="checkbox"/> I notified the other parent of the child's proposed name and the right to object and 30 days have elapsed since the other parent was personally served with the notice and he / she has not objected to the proposed name. A copy of the Notice and an Affidavit of Service (or confirmation of receipt of registered mail) is attached. <input type="checkbox"/> I have attached a court order directing the change of the name of the child. <input type="checkbox"/> The other parent is deceased and supporting documentation in relation to the other parent's death is attached.																		
<b>Consent of Spouse of Applicant</b> (Use only if child's surname is changing to that of applicant's spouse)	I, _____ hereby consent to the name change for _____ changing to _____. <span style="float: right;">Child's Full Name</span>		Date <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D								
Y	Y	Y	Y	M	M	D	D												
	Signature of Spouse of Applicant _____		Signature of Witness _____																

**2**

<b>Applicant's Statutory Declaration</b>	<p>I understand that by making application for a change of surname for my child, a notice of the change of surname will be published in the Gazette.</p> <p><b>AFFIDAVIT OF GOOD FAITH</b></p> <p>I, _____ of _____</p> <p>in the Province of Newfoundland and Labrador, DO SOLEMNLY SWEAR / AFFIRM:</p> <ol style="list-style-type: none"> <li>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.</li> <li>That I have been ordinarily resident in the Province of Newfoundland and Labrador for at least three (3) months.</li> <li>That I am aware that notice of my child's change of name may be provided to peace officers, as well as other public officers of departments and agencies of Government.</li> <li>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.</li> </ol> <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 Canada Evidence Act.</p>
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	<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 /  <b>Notary Public - with raised seal</b>  <b>(if completed outside Newfoundland and Labrador)</b></p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<p>Name of Applicant (Please print)</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <p>Signature of Applicant</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
<p><b>Request for Exemption from Publication</b></p>	<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="margin-left: 40px;">The child would be prejudiced or embarrassed by the publication <input type="checkbox"/> (Please provide details in sealed envelope)</p> <p style="margin-left: 80px;">the change of surname applied for is of a minor effect <input type="checkbox"/></p> <p style="margin-left: 40px;">The child has been commonly known under the new surname <input type="checkbox"/></p> <p><b>I have enclosed the documentation to support the above request.</b></p>	

**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.

## Statutory Declaration

**3** This Statutory Declaration **MUST** be completed if the Applicant is asking for Waiver of Consent of the Other Parent. The consent of the other parent will only be waived in accordance with s.6(1) of the *Change of Name Act, 2009*.

I, \_\_\_\_\_ of \_\_\_\_\_  
in the Province of Newfoundland and Labrador, do solemnly declare that

\_\_\_\_\_

\_\_\_\_\_

I verify that all supporting documents represent current circumstances and orders in effect as of this date.  
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 I made oath and by virtue of the *Canada Evidence Act*.

Declared before me

at \_\_\_\_\_

in the \_\_\_\_\_ of \_\_\_\_\_

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Applicant's Signature

Commissioner of Oaths / Justice of the Peace /  
**Notary Public - with raised seal**  
**(if completed outside Newfoundland and Labrador)**

The information provided on this declaration and application is subject to release under the *Change of Name Act, 2009* and in conjunction with the *Access to Information and Protection of Privacy Act*.

**4** 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](mailto:vstats@gov.nl.ca)