

Service NL

Application for Change Name of a Child

Under 16 Years of Age

Applicant Information

Intent of Change			urname and Given Name L Birth if the event occurred in Newfoundland an	d Labrador (and within		
Current Name of Child (as shown on birth registration)	Surname	Given Name	Middle Name(s)	Female X Male		
Proposed Name of Child	Surname	Given Name	Middle Name(s)			
Date and Place of Birth	Y Y Y Y M M	D D City / Town	Province / State	Country		
Proof of Birth (if born ourside NL, long form birth certificate is required)	Birth Certificate (if born in Canad Original Enclosed	Request for Birth Certific (if born in NL and do not	have a birth certificate)			
	Enclosed	r Gluzerianip Documenta (ii bom outa				
Current Address of Applicant	Street City / Town	Province / State	Email/Phone Number Country	Postal Code		
от Аррисанс	,		Country	rostal Code		
Child's Consent (if child is 12 years of age or older) Consent of Other Parent	I hereby give my consent to stated in this application	change my name as				
	Child's Signature		Signature of Witness			
	Date Y Y Y M M	1 D D	Date Y Y Y M M	D D		
	Name (Printed) and hereby give my consent to change my child's name to Signature Child's Full Name Witness					
	Date Y Y Y Y M N	1 D D	Date Y Y Y M M	D D		
Request for Waiver (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: 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 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. I have attached a court order directing the change of the name of the child. The other parent is deceased and supporting documentation in relation to the other parent's death is attached.					
Consent of Spouse of Applicant (Use only if child's surname is changing to that of applicant's spouse)	1,	hereby conse	nt to the name change for			
	changing to			Full Name		
			Y Y Y	Y M M D D		
	published in the Newfoundla AFFIDAVIT OF GOOD FAITH	application for a change of surn	gnature of Witness ame for my child, a notice of the change of su	urname will be		

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 Newfoundland and Labrador Gazette. AFFIDAVIT OF GOOD FAITH I, of in the Province of Newfoundland and Labrador, DO SOLEMNLY SWEAR / AFFIRM: Statutory Declaration 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 child's 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. 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.

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	SWORN TO / AFFIRMED before	e me	Name of Applicant (Please print)
	at		_
	in the of _		
	this day of	, 20	<u>.</u>
	Commissioner of Oaths / Justic Notary Public - with raised s (if completed outside Newfo	seal	Signature of Applicant
Request for Exemption from Publication	change of surname in the Newl The child would be prej the change of The child has been of	foundland and Labrador Gaze judiced or embarrassed by the of surname applied for is of a commonly known under the n	a minor effect new surname
	I have enclosed the docume	entation to support the abov	ove request.
contact a Vital St	atistics representative at 709-7		ny question about the collection or use of this information, pleas
This Statutory Dec	atistics representative at 709-7	Statutory Dec	Claration for Waiver of Consent of the Other Parent. The consent of the
This Statutory Dec parent will only be	atistics representative at 709-7 laration MUST be completed in waived in accordance with s.6	Statutory Dec If the Applicant is asking for 6(1) of the Change of Nam	Claration for Waiver of Consent of the Other Parent. The consent of the me Act, 2009.
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with the Access to Information and Protection of Privacy Act.

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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, Email: vstats@gov.nl.ca