Northwest Territories Health and Social Services

Health Services Administration - Department of Health and Social Services
Bag #9, Inuvik, NT X0E 0T0
Toll-free: 1-800-661-0830 • Phone: (867) 777-7400 • Fax: (867) 777-3197

NAME CHANGE FORM

Proof required, i.e. Change of Name or Adoption Order and/or Marriage/Birth/Divorce Certificate. (If change of name is due to divorce, please provide birth certificate showing maiden name.)

NOTE: This personal information is being collected under the authority of the *Medical Care Act* and will be used only to update the information on your health care card. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Department of Health and Social Services at the address listed above.

APPLICANT INFORMATION (Please Print Clearly)

Surname	First Name	Middle Name(s)

Birthdate (dd/mm/yyyy)	Gender	Health Care Plan Number
	☐ Male ☐ Female	

Residential Street Address	Work Phone No.	Home Phone No.
	( )	( )

	Surname	First Name	Middle Name
Old Name			
New Name			

List family members who have also changed their name - Include spouse/common-law and any dependants (18 yrs and under):

Surname	First Name	Middle Name(s)

Birthdate (dd/mm/yyyy)	Gender	Health Care Plan Number
	☐ Male ☐ Female	

Repeat the two tables above for each additional family member.

"I hereby certify that I am a permanent resident of the Northwest Territories and I understand that it is an offence to give false or misleading information in the application form and by signing this form I am authorizing health services administration to verify or confirm the information and documentation contained with this application."

Signature _____ Date (dd/mm/yyyy) _____

Signature _____ Date (dd/mm/yyyy) _____

NWT8267/0904