



APPLICATION FOR CHANGE OF NAME CERTIFICATE

The Vital Statistics Agency, in response to requests from the public, now offers a small wallet sized change of name certificate. This certificate measures 9.5 cm x 6.4 cm and shows the individual's old name, new name, registration date, registration number and date issued.

The large certificate which was issued to you when you completed your original name change is still the initial certificate issued after completion of a name change.

MAILING ADDRESS INFORMATION				SHADED AREAS FOR OFFICE USE ONLY							
NOTE: Please PRINT your name, address and identifying information clearly. This portion will be used when mailing your service or correspondence.				APPLICANT'S CLIENT NUMBER (FOR CORPORATE OR GOVERNMENT CLIENTS)							
SURNAME		GIVEN NAMES									
MAILING ADDRESS											
CITY, PROVINCE/STATE, COUNTRY			POSTAL CODE								
HOME NUMBER	WORK NUMBER	FACSIMILE NUMBER									

IF CHANGE OF NAME CERTIFICATE(S) REQUIRED COMPLETE THIS SECTION (PLEASE PRINT)				
OLD SURNAME		OLD GIVEN NAMES		SEX
NEW SURNAME		NEW GIVEN NAMES		
DATE OF BIRTH	PLACE OF BIRTH (CITY, TOWN OR VILLAGE)			
MONTH	DAY	YEAR		

NUMBER OF SERVICES REQUIRED (see reverse for fee information)

- Certificate (Small) } regular service - \$27.00 per certificate
- Certificate (Large) } (average 5 - 7 days processing time)
- Certificate (Small) } rush 24 hour service - \$60.00 per event
- Certificate (Large) }

NOTE: All services, other than rush services, will be mailed. Rush services, 24 hour service indicates in-office processing time once received. Courier time is additional. Fee includes the cost of the search of our records. A certificate will be generated upon confirmation of a record held. If no record of the event is found, the fee will be applied to the search process.

Payment Methods				
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Interac/Cash payment may be made in person at one of our four offices. Make cheque or money order payable to the Minister of Finance.				
Postdated cheques not accepted		Credit Card # _____ Expiry date _____		
AMOUNT ENCLOSED \$ _____		PRINT Card holder name as shown on Credit Card		
		Card holder signature		

YOUR RELATIONSHIP TO EVENT:

- Self Mother Father Spouse Other: _____

REASON CERTIFICATE REQUIRED: _____

YOUR SIGNATURE (written) : _____

NOTE: If the above particulars are not completed in full, or if the payment per service requested is not enclosed, your request will be returned by mail.

IMPORTANT INFORMATION

TO AVOID DELAY

- ◆ Complete all sections in full (All requests with incomplete information must be accompanied by a written explanation for the omission. If any portion of the relevant event information is left blank the application will be returned by mail for completion)
- ◆ Be sure you are authorized to make the request (see Section 3 below).
- ◆ It is against postal regulations to send cash through the mail. Payment in **Canadian funds** should be forwarded by cheque (**Post dated cheques not accepted**), bank draft or money order made **payable to the Minister of Finance**. Credit Card payments are accepted, please complete the Credit Card portion of the front of this form.
- ◆ Be sure your address and telephone number are correct and clear
- ◆ A service charge of \$20.00 will be levied on all cheques not honoured by the payees financial institution

1) FEES

As noted for each requested copy on the front

*Fees effective January 2, 1996. All fees subject to change. If ordering after April 1, 2008, contact our office for current fees.

The fee is for a search of records and a positive search will result in certification.

2) INFORMATION PROVIDED

Certificates contain the following information:-

Previous name and new name, date, place, sex, registration date

3) WHO QUALIFIES TO APPLY FOR A CHANGE OF NAME CERTIFICATE

- a) You, if the record pertains to your own name change
- b) Parents of a minor child whose name was changed
- c) A person on the written authorization of 'a' or 'b' above
- d) Guardian, copy of guardianship papers must be attached

OTHER SERVICES

Genealogy Verification Extract

Commemorative Birth Certificates

Special Anniversary Certificates

To obtain an application for any of these services, please visit one of our offices, or contact us by telephone at 1-800-663-8328 within British Columbia or download forms from our web site at: www.vs.gov.bc.ca/forms/index.html.

The information on this form is collected under the authority of the *Name Act* (RSBC 1996, c.328, Sec. 11 (1)). The information provided will be used to fulfil the requirements of the *Name Act* for the release of change of name information. The release of this information is in compliance with the *Name Act*. If you have any questions about the collection or use of this information, please contact a Vital Statistics representative at 250 952-2681. This information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only in accordance with that Act.

MAILING ADDRESS	OR VISIT ONE OF OUR OFFICES	
Vital Statistics Agency PO Box 9657 STN PROV GOVT Victoria BC V8W 9P3	818 Fort Street Victoria BC	250 - 605 Robson Street Vancouver BC
ENQUIRIES		
Telephone: 250 952-2681 from Victoria	101 - 1475 Ellis Street Kelowna BC	433 Queensway Street Prince George BC
ORDERING BY CREDIT CARD	Telephone: 250 712-7562	Telephone: 250 565-7105
Telephone: 250 952-2557 (Victoria & outside BC) FAX: 250 952-2182 Toll free: 1 888-876-1633 (within BC)	Check our Web Site at: www.vs.gov.bc.ca	