

APPLICATION FOR CHANGE OF NAME CERTIFICATE

The British Columbia 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.				<div style="border: 1px solid black; padding: 10px; text-align: center;"> APPLICANT'S CLIENT NUMBER (FOR CORPORATE OR GOVERNMENT CLIENTS) </div>							
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 MONTH DAY YEAR	PLACE OF BIRTH (CITY, TOWN OR VILLAGE)			

NUMBER OF SERVICES REQUIRED (see reverse for fee information)

- ☐ Certificate (Small) } regular service - \$27.00 per certificate
☐ Certificate (Large) } (average 10 day processing time)

☐ Certificate (Small) } rush 24 hour service - \$60.00 per certificate
☐ Certificate (Large) }

NOTE: All services, other than rush services, will be mailed. Rush services are generated within 24 hours of receipt of request, and courier returned.

PAYMENT METHOD	SUBMITTED BY	CREDIT CARD	SUBMITTED BY
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (complete Credit Card section on the right)	<input type="checkbox"/> Mail <input type="checkbox"/> In Person	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Fax
* Interac/Cash payment may be made in person at one of our four offices		Credit Card number: # Card holder name as shown on credit card Expiry date <div style="text-align: right;">Card holder signature _____</div>	
AMOUNT ENCLOSED \$		NOTE: The additional cost for credit card transactions (\$5.95) is collected by Vital Chek for shipping and handling fees.	

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, 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 January 1, 2001, 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 child whose name was changed
- c) A lawyer who specifically indicates they are working on behalf of 'a' or 'b' above, or 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.

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 toll free at 1-800-663-8328. 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	
British Columbia Vital Statistics Agency PO Box 9657 STN PROV GOVT Victoria BC V8W 9P3	818 Fort Street Victoria BC Telephone: (250) 952-2681	250 - 605 Robson Street Vancouver BC Telephone: (604) 660-2937
ENQUIRIES	101 - 1475 Ellis Street Kelowna BC Telephone: (250) 712-7562	433 Queensway Street Prince George BC Telephone: (250) 565-7105
ORDERING BY CREDIT CARD		
Telephone: (250) 952-2557 FAX: (250) 952-2182 Toll free: 1-888-876-1633		