

<p><b>Help note 1</b></p> <p>Fill out this form if you are 12 years of age or older and consent to your name being changed to the name in section C.</p> <p>“Consent” means that you agree with the name change.</p> <p>Print the name you use now.</p> <p>“Surname” is your last name or family name.</p>	<p><b>A. To be completed by a child whose consent is required for a change of name</b> (See help <i>note 1</i> on the left)</p> <p>What is your first name?</p> <hr/> <p>What are your middle names?</p> <hr/> <p>What is your surname (last name or family name)?</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Date of Birth - mm/dd/yy</td> <td style="width: 50%; border: none;">Phone Number (      )</td> </tr> </table> <p style="text-align: center;">I, _____, <small>(print full name)</small></p> <p style="text-align: center;">consent to my name being changed to the name below. (See section C and help <i>note 4</i> on the left)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> <b>x</b> _____ Signature of Child         </td> <td style="width: 30%; border: none;">           _____ Date - mm/dd/yy         </td> </tr> </table>	Date of Birth - mm/dd/yy	Phone Number (      )	<b>x</b> _____ Signature of Child	_____ Date - mm/dd/yy				
Date of Birth - mm/dd/yy	Phone Number (      )								
<b>x</b> _____ Signature of Child	_____ Date - mm/dd/yy								
<p><b>Help note 2</b></p> <p>A witness can be any adult (except the person who completes section C) who knows you agree to your name being changed in section C and who saw you sign this form.</p>	<p><b>B. Witness Signature</b> (See help <i>note 2</i> on the left)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Print Name (Witness)</td> <td style="width: 30%; border: none;">Phone Number (Day) (      )</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> <b>x</b> _____ Signature of Witness         </td> <td style="width: 30%; border: none;">           _____ Date - mm/dd/yy         </td> </tr> </table>	Print Name (Witness)	Phone Number (Day) (      )	<b>x</b> _____ Signature of Witness	_____ Date - mm/dd/yy				
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<b>x</b> _____ Signature of Witness	_____ Date - mm/dd/yy								
<p><b>Help note 3</b></p> <p>The person who is applying for your name to be changed completes section C.</p> <p>This is the name that someone has applied for you to have.</p>	<p><b>C. Details of the Change of Name request for Child (to be completed by the applicant)</b> (See help <i>note 3</i> on the left)</p> <p><b>From name child has now:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">First Name</td> <td style="width: 33%; border: none;">Middle Names</td> <td style="width: 33%; border: none;">Surname</td> </tr> </table> <p><b>To this new name:</b> (See help <i>note 4</i> on the left)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">First Name</td> <td style="width: 33%; border: none;">Middle Names</td> <td style="width: 33%; border: none;">Surname</td> </tr> </table> <p>Applicant's Name (Print)</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> <b>x</b> _____ Applicant's Signature         </td> <td style="width: 30%; border: none;">           _____ Date - mm/dd/yy         </td> </tr> </table>	First Name	Middle Names	Surname	First Name	Middle Names	Surname	<b>x</b> _____ Applicant's Signature	_____ Date - mm/dd/yy
First Name	Middle Names	Surname							
First Name	Middle Names	Surname							
<b>x</b> _____ Applicant's Signature	_____ Date - mm/dd/yy								
<p><b>Help note 4</b></p> <p>This is the name that will appear on your new birth certificate.</p> <p><b>Questions? Call Vital Statistics 1-800-661-0830</b></p>	<p>The personal information on this form is being collected under the authority of the <i>Change of Name Act</i> and will be used to register an eligible change of name. It is protected by the privacy provisions of the <i>Access to Information and Protection of Privacy Act</i>. If you have any questions about the collection or use, contact the Registrar General of Vital Statistics at 1-800-661-0830.</p>								

**SEND PAYMENT AND APPLICATION FORM TO:**

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Registrar General of Vital Statistics  
Department of Health and Social Services  
Government of the NWT  
Bag #9 (107 Mackenzie Road / IDC Building, 2nd Floor)  
Inuvik, NT XOE OTO

Phone: (867) 777-7420  
Toll Free: 1-800-661-0830  
Fax: (867) 777-3197 (use only if paying by credit card)