



For Office Use Only
Effective Date (mm/dd/yy):

Statutory Declaration Breakdown of Spousal Relationship

Before you start using your former surname, complete this form and send it to the Vital Statistics Office. A certified copy will be provided to you for a fee. You can use the certified copy as proof that you have chosen to go back to your former surname.

Help note 1

Use the name you are using now.

“Surname” is your last name or family name.

Help note 2

Clearly print the surname that you want to go back to here.

You can go back to the surname you had at birth or the surname you had just before you took your spouse’s name.

Help note 3

If you are legally divorced, you **do not** need to complete this form. Use your divorce certificate as proof that you are divorced and want to go back to the name you had before your marriage.

Questions?
Call
Vital Statistics
1-800-661-0830

A. To be completed by person wanting to go back to former surname (See help note 1 on the left)

What is your first name?		Gender (M/F)	
What are your middle names?			
What is your surname (last name or family name)?		Date of Birth - mm/dd/yy	
Mailing Address: (street number and street name)			
PO Box Number	Community	Territory/Province	Postal Code
Home phone number ()	Work phone number ()	Email address	

I want to use a surname I had before. (See help note 2 on the left)

What is the surname you want to go back to?

B. Complete the part that applies to you

<p>1. <input type="checkbox"/> My common-law relationship with _____ (Surname)</p> <p>_____ (Given Names)</p> <p>has ended and we live separate and apart.</p>	OR	<p>2. <input type="checkbox"/> My marriage to (See help note 3 on the left)</p> <p>_____ (Surname)</p> <p>_____ (Given Names)</p> <p>on _____ (Date - mm/dd/yy)</p> <p>has ended and we live separate and apart.</p>
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We began living separate and apart on or about this date: mm/dd/yy

C. Declaration

I understand that this form does not take the place of a separation or divorce agreement and is solely for the purpose of going back to the surname I had before the marriage or common-law relationship.

I solemnly declare that the statements made by me in this form are true and complete, 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 or by affirmation.

Declared before me

at _____,
in the Northwest Territories,

this _____ day of _____, 20____,

X _____
Signature of Declarant

X _____
Commissioner for Oaths, Notary Public, Justice of the Peace for the Northwest Territories

My commission expires on the _____, 20____.

The personal information on this form is being collected under the authority of the *Change of Name Act* and can be used as proof that you want to use your spouse’s surname. 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 or use, contact the Registrar General of Vital Statistics at 1-800-661-0830.

SEND PAYMENT AND APPLICATION FORM TO:

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)