

# Application for Change of Name of a Child Under 16 Years of Age

## Applicant Information

**1**

<b>Intent of Change</b>	Surname Only <input type="checkbox"/> Given Names Only <input type="checkbox"/> Both Surname and Given Name <input type="checkbox"/>																		
	Note: A change of name will be reflected on the Registration of Birth if the event occurred in Newfoundland and Labrador (and within Canada in most cases)																		
<b>Current Name of Child (as shown on birth registration)</b>	Surname	Given Name	Middle Name(s) <span style="float: right;">Female <input type="checkbox"/> X <input type="checkbox"/> Male <input type="checkbox"/></span>																
<b>Proposed Name of Child</b>	Surname	Given Name	Middle Name(s)																
<b>Date and Place of Birth</b>	Y Y Y Y    M M    D D	City / Town	Province / State      Country																
<b>Proof of Birth</b>	Birth Certificate (if born in Canada)																		
	<input type="checkbox"/> If born in NL and have a Government issued Birth Certificate in your possession it must be returned with your application. <input type="checkbox"/> If born outside NL, but within Canada, a Government issued Long Form Birth Certificate is required. <input type="checkbox"/> If born outside Canada, certified copies of Immigration and/or Citizenship documents are required. <input type="checkbox"/> Original Enclosed Birth Registration Number _____																		
	Certified copy of Immigration and Citizenship Documents (if born outside Canada) Enclosed <input type="checkbox"/>																		
<b>Current Address of Applicant</b>	Street		Phone Number																
	Mailing address, if different from above		Email Address																
	City / Town	Province / State	Country      Postal Code																
<b>Child's Consent (if child is 12 years of age or older)</b>	I hereby give my consent to change my name as proposed in this application.																		
	Child's Signature _____ Date <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr> </table>	Y	Y	Y	Y	M	M	D	D	Signature of Witness _____ Date <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr> </table>		Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D												
Y	Y	Y	Y	M	M	D	D												
<b>Consent of Other Parent listed on Child's Birth Registration (Please see note below)</b>	I _____ am the parent of _____																		
	Name (Printed) <span style="margin-left: 100px;">Child's Current Full Name</span>																		
	and hereby give my consent to change my child's name to _____.																		
	Signature _____ Date <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr> </table>	Y	Y	Y	Y	M	M	D	D	Witness _____ Date <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr> </table>		Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D												
Y	Y	Y	Y	M	M	D	D												
<b>Request for Waiver of Other Parent's Consent (Please complete Section 3 on reverse of this form)</b>	<b>Notice of Right to Object to Change of Name</b>																		
	Please be advised pursuant to S.6 of the <b>Change of Name Act, 2009</b> , you have the right to object to the proposed name change within 30 days of receiving this notice.  If you wish to object, please contact Vital Statistics at 709-729-6340 or at <a href="mailto:vstats@gov.nl.ca">vstats@gov.nl.ca</a>  Note: If you do not respond within 30 days of receiving of this notice, Vital Statistics will complete the request for the change of name.																		
	I request that the consent of the other parent of my child be waived for the following reason: <input type="checkbox"/> There is no other parent registered on the child's birth registration and there are no legal proceedings ongoing in relation to parentage or custody of the child. <input type="checkbox"/> I notified the other parent of the child's proposed name and the right to object and 30 days have elapsed since the other parent was personally served with the notice and he / she has not objected to the proposed name. A copy of the Notice and an Affidavit of Service (or confirmation of receipt of registered mail) is attached. <input type="checkbox"/> I have attached a court order directing the change of the name of the child. <input type="checkbox"/> The other parent is deceased and supporting documentation in relation to the other parent's death is attached.																		
<b>Consent of Spouse of Applicant (Use only if child's surname is changing to that of applicant's spouse)</b>	If the child's surname is changing due to the applicant's marriage to a person who is not a parent on the child's birth registration, the consent of the other party to the marriage is required.																		
	I, _____ hereby consent to the name change for _____ changing to _____		Child's Full Name Date <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr> </table>	Y	Y	Y	Y	M	M	D	D								
Y	Y	Y	Y	M	M	D	D												
	Signature of Spouse of Applicant _____	Signature of Witness _____																	

**Newfoundland and Labrador Gazette Publication**

**2**

<p><b>Request for Exemption from Publication</b></p>	<p>I hereby request an exemption, pursuant to Section 14(2) of the <b>Change of Name Act 2009</b> to the requirement to publish the change of name in the Newfoundland and Labrador Gazette on the following ground(s):</p> <p><input type="checkbox"/> The child would be prejudiced or embarrassed by the publication. (Please provide reasons in a sealed envelope for Registrar's review)</p> <p><input type="checkbox"/> The change of name applied for is of a minor effect.</p> <p><input type="checkbox"/> The child has been commonly known under the new name. (Please provide copy of IDs or documentation showing usage of new name).</p>
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**Affidavit**

**3**

<p><b>Affidavit of Good Faith</b></p>	<p>I understand that by making application for a change of name for my child, a notice of the change of name will be published in the Newfoundland and Labrador Gazette unless a request for exemption has been approved. I acknowledge that this notice will consist of my child's former name(s), new name(s) and community.</p> <p><b>AFFIDAVIT OF GOOD FAITH</b></p> <p>I, _____ Name of Applicant</p> <p>of _____</p> <p>in the Province of Newfoundland and Labrador, DO SOLEMNLY SWEAR / AFFIRM:</p> <ol style="list-style-type: none"> <li>That I am the applicant named in the above application which I make in good faith without intention to defraud, mislead or conceal my previous identity for an improper purpose.</li> <li>That I have been ordinarily resident in the Province of Newfoundland and Labrador for at least three (3) months.</li> <li>That I am aware that notice of my child's change of name may be provided to peace officers, as well as other public officers of departments and agencies of Government.</li> <li>That I have read the application for a change of name and, to the best of my knowledge, information, and belief, the statements made therein are true in substance and in fact.</li> </ol> <p>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 and by virtue of the <b>Canada Evidence Act</b>.</p> <p>SWORN TO / AFFIRMED before me</p> <p>at _____</p> <p>in the _____ of _____</p> <p>this ____ day of _____, 20 ____.</p> <p>Commissioner of Oaths / Justice of the Peace / Notary Public with raised seal. If completed <b>outside</b> Newfoundland and Labrador, must be witnessed by Notary Public with raised seal.</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
	<p>Name of Applicant (Please print)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <p>Signature of Applicant</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>

**PRIVACY NOTICE**

The information on this form is collected under the authority of Section 10 of the **Change of Name Act, 2009** SNL 2009 c.C-8.1 and will be used to fulfill the requirements of the **Change of Name Act, 2009**. Any release of this information will be in compliance with **Change of Name Act, 2009** and the **Access to Information and Protection of Privacy Act**. If you have any question about the collection or use of this information, please contact a Vital Statistics representative at 709-729-3308.

**Statutory Declaration**

**4**

This Statutory Declaration **MUST** be completed if the Applicant is asking for Waiver of Consent of the Other Parent. The consent of the other parent will only be waived in accordance with s.6(1) of the **Change of Name Act, 2009**.

I, \_\_\_\_\_ of \_\_\_\_\_  
in the Province of Newfoundland and Labrador, do solemnly declare that

(Please provide reasoning noted in Section 1 - Request for Waiver portion of this form)

I verify that all supporting documents represent current circumstances and orders in effect as of this date.

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 I made oath and by virtue of the **Canada Evidence Act**.

Declared before me

at \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Applicant's Signature

Commissioner of Oaths / Justice of the Peace / Notary Public with raised seal.

If completed **outside** Newfoundland and Labrador, must be witnessed by Notary Public with raised seal.

The information provided on this declaration and application is subject to release under the **Change of Name Act, 2009** and in conjunction with the **Access to Information and Protection of Privacy Act**.

Please return completed form to Vital Statistics Division, Service NL, P. O. Box 8700, St. John's, NL Canada A1B 4J6.  
Telephone: (709) 729-3308, Email: vstats@gov.nl.ca