



The information is collected in accordance with the Vital Statistics Act and Regulations. The specified information, consents, and proof of identity are required by Vital Statistics to register the legal change of name and for consideration in amending the registration of the applicable event. The information may be used for statistical and genealogical purposes or delivering joint provincial and federal programs. Collection is authorized under s. 33(a) and (c) of the Freedom of Information and Protection of Privacy Act. Questions about the collection can be directed to Vital Statistics @ Box 2023, Edmonton, AB T5J 4W7 or 780- 427-7013 (toll free 310-0000 within Alberta).

Read the [Information Guide and Application](#) carefully BEFORE completing.

Application for Change of Name

FOR REGISTRY AGENT USE ONLY	
Service Request Number:	Certificate Delivery Mode: <input type="radio"/> Mail or <input type="radio"/> Call Box # _____
Payment: <input type="radio"/> Cash / Debit or Credit Card / Money Order <input type="radio"/> Non-Certified Cheque	
Note: When paying by non-certified cheque, the application is held for 14 days before it is eligible to be processed.	

FOR VITAL STATISTICS USE ONLY			
Notify:	Amend:	Initials:	Date:
		1. _____	_____
		2. _____	_____
		3. _____	_____
		Completed:	
		4. _____	_____

Applicant's Affidavit

- The applicant must swear/affirm this affidavit in front of a Commissioner for Oaths or Notary Public in Alberta.

Affidavit Applicant's Application for Change of Name

I, _____ make oath and say:
Current Name of Applicant

- I am 18 years of age or older

OR

I am younger than 18 years of age and (check one of the following)

- legally married,
 - living in an adult interdependent relationship,
 - the parent of a child,
 - the guardian of a child,
 - widowed, or
 - divorced.
- I am a resident of Alberta and reside at the physical address noted in Box A-01 on Page 3.
 - I am not changing any person's name in this application to avoid criminal or civil liabilities.
 - I understand that any existing criminal record will be cross-referenced to the new name of any person, 12 years of age or older, whose name is being changed in this application.
 - I understand that I must disclose and submit all court documents pertaining to the guardianship of any child or represented adult named in this application.
 - I understand that to change a child's name, all parents recorded on the child's birth registration and all legal guardians (if any) must consent to the child or represented adult's name being legally changed or I must obtain a form of dispensation for a person's required consent (*See #12 of the Requirement Guide*).
 - I have disclosed all previous legal changes of name for those persons changing their names in this application.
 - The information contained in this application is correct to the best of my knowledge.

Sworn or affirmed before me at

_____, Alberta
City / Town / Municipality

on _____
Date

X

Applicant's Signature

Signature of a Commissioner for Oaths / Notary Public in for Alberta

Print or Stamp Name and Appointment Expiry Date

Name:

Expiry Date:

SECTION A

Applicant Information

Box A-01 Proof of Identity

- Present original Proof of Identity document to the registry agent
- See #3 of the Requirement Guide

Currently Used Name of Applicant (as on Proof of Identity Document)

Given Name(s)

Middle Name(s)

Last Name

Proof of Identity - Type of Document Presented

Proof of Identity - Document Number

Proof of Identity Document - Expiry Date
(if the document has an expiry date)

Proof of Identity Document - Date Issued
(if the document does not have an expiry date)

Sex (as on Proof of Identity document)

M F X

Date of Birth (month by name / day / year)

Place of Birth (include Province or Country)

Current Physical Address (see Definition H in the Information Guide)

Street Address

City / Town / Village

Province

Postal Code

Mailing Address (if different from physical address)

Street Address / PO Box No.

City / Town / Village

Province

Postal Code

Telephone No.

Email Address

OFFICE USE ONLY

Sex

M F X

Date of Birth (month by name / day / year)

Place of Birth (include Province or Country)

Registration Number

Amendment Number

Amend /
Notify

Yes No

Box A-02 Application Questions

- Are you changing your own name? Yes No
- Are you married and changing your spouse's name? Yes No
(If Yes, Complete Section C)
- Are you changing your partner's name, who is presently in an Adult Interdependent Relationship with you? Yes No
(See Definitions F and G in the Information Guide) (If Yes, Complete Section C)
- Are you changing the name of a child for whom you are a parent or guardian? Yes No
If yes, how many children are changing their names?
(Complete a Section D for each child)
- Is this application for an adult who has a guardian? Yes No
(If Yes, Guardianship Order must be attached)

SECTION B

Applicant Changing Own Name

Box B-01 Change to Applicant's Legal Last Name

- Submit your Name Document
- See #6 of the Requirement Guide

(1) Print **Last Name** exactly as recorded on your Name Document:

(2) Do you want to change the **Last Name** as recorded on your Name Document?

- Yes • I would like to change my **Last Name** to:
- No

Box B-02 Change to Applicant's Legal Given Name(s)

- Submit your Name Document
- See #6 of the Requirement Guide

(1) Print all **Given Name(s)** exactly as recorded on your Name Document:

(2) Do you want to change the **Given Name(s)** as recorded on your Name Document?

- Yes • I would like to change my **Given Name(s)** to:
- No

Box B-03 Applicant's Previous Change of Name Information

- Submit a copy of all previous Change of Name Certificates
- See #8 of the Requirement Guide
- In Question 1 below, you **MUST** indicate YES or NO

You MUST disclose all previous legal changes of names processed prior to this application and provide copies of the Change of Name Certificate(s).

(1) Have you ever legally changed your name (not including by adoption or marriage)? Yes No

(2) If Yes, complete a Box for each change of name in Section E (Previous Change of Name Details) on Page 15 and attach a copy of the Change of Name Certificates.

Box B-04 Fingerprints

- Submit your electronic fingerprint report
- See #7 of the Requirement Guide

An electronic fingerprint report must be provided by you (the applicant) when you are changing your name.

OFFICE USE ONLY

Electronic Fingerprints Received (initials):

SECTION C

Applicant Changing Spouse / Partner's Name

Box C-01 Spouse or Partner

- See Definitions E and F in the Information Guide for definitions of "Adult Interdependent Relationship" and "Adult Interdependent Partner"

I am changing the name of my:

Spouse, to whom I am legally married (complete Box C-03)

OR

Partner, with whom I am in an Adult Interdependent Relationship with (complete Box C-04)

Box C-02 Spouse / Partner's Information

Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> X	Date of Birth (month by name / day / year)	Place of Birth (include Province and Country)	
OFFICE USE ONLY	Registration Number	Amendment Number	Amend / Notify <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the following contact information for your spouse/partner if it is different than that listed in Box A-01.			
Current Physical Address (see Definition H in the Information Guide)			
Street Address		City / Town / Village	Province Postal Code
Mailing Address (if different from physical address)			
Street Address / PO Box No.		City / Town / Village	Province Postal Code
Daytime Telephone No.	Home Telephone No.	Cellular Telephone No.	

Box C-03 Marriage Information

- Complete this Box if you are changing the name of your legal spouse (see Definition D in the Information Guide)
- Submit a copy of your Marriage Certificate

Full Name of Spouse (as shown on marriage certificate)			
Date of Marriage (month by name / day / year)		Place of Marriage (include Province and Country)	
OFFICE USE ONLY	Registration Number	Amendment Number	Amend / Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

Box C-04 Statutory Declaration of Adult Interdependent Relationship

- If you are changing your partner's name, both you and your partner must each sign a Statutory Declaration of Adult Interdependent Relationship
- See Definition E and F of the Requirement Guide for definitions of "Adult Interdependent Relationship" and "Adult Interdependent Partner"

C
O
M
P
L
E
T
E

O
N
E

B
O
X

O
N
L
Y

Statutory Declaration: Adult Interdependent Relationship

In the matter of this change of name application:

I _____ do solemnly declare:
full name

I am currently living in an interdependent relationship with the person named in the adjacent statutory declaration.

Declared before me at

_____, Alberta
on _____ X _____
date Signature

X _____
Signature of a Commissioner for Oaths / Notary Public in and for Alberta (also print name and expiry date)

Statutory Declaration: Adult Interdependent Relationship

In the matter of this change of name application:

I _____ do solemnly declare:
full name

I am currently living in an interdependent relationship with the person named in the adjacent statutory declaration.

Declared before me at

_____, Alberta
on _____ X _____
date Signature

X _____
Signature of a Commissioner for Oaths / Notary Public in and for Alberta (also print name and expiry date)

SECTION D Applicant Changing Child's Name

CHILD 1

Box D-01 Change to Child's Legal Last Name Child 1

- Submit child / ward's Name Document
- See #6 of the Requirement Guide

(1) Print **Last Name** exactly as recorded on your child / ward's Name Document:

(2) Do you want to change the **Last Name** as recorded on your child / ward's Name Document?

- Yes • I would like to change my child / ward's **Last Name** to:
- No

Box D-02 Change to Child's Legal Given Name(s) Child 1

- Submit child / ward's Name Document
- See #6 of the Requirement Guide

(1) Print all **Given Names** exactly as recorded on your child / ward's Name Document:

(2) Do you want to change the **Given Names** as recorded on your child / ward's Name Document?

- Yes • I would like to change my child / ward's **Given Names** to:
- No

Box D-03 Child's Information Child 1

Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> X	Date of Birth (month by name / day / year)	Place of Birth (include Province and Country)
OFFICE USE ONLY	Registration Number	Amendment Number
		Amend / Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the following contact information for your child / ward if it is different than that listed in Box A-01.

Current Physical Address (see Definition H in the Information Guide)			
Street Address	City / Town / Village	Province	Postal Code

Box D-04 Child's Previous Change of Name Information Child 1

- Submit a copy of all previous Change of Name Certificates for your child / ward
- See #8 of the Requirement Guide
- In Question 1 below, you **MUST** indicate YES or NO

You MUST disclose all previous legal changes of names processed for your child / ward prior to this application and provide copies of the Change of Name Certificate(s).

(1) Have you ever legally changed your child / ward's name (not including by adoption)? Yes No

(2) If Yes, complete a Box for each change of name in Section E (Previous Change of Name Details) on Page 15 and attach a copy of the Change of Name Certificates.

Box D-05 Fingerprints Child 1

- Submit your child / ward's electronic fingerprint report when the child is 12 years or older
- See #7 of the Requirement Guide

An electronic fingerprint report must be provided for your child / ward when you are changing his / her name (for children 12 years or older).

OFFICE USE ONLY

Electronic Fingerprints
Received (initials):

Consents

All parents, guardians and the child (when 12 years of age or older) must consent to the child's name being changed; see #11 and #12 of the Requirement Guide. Guardians must provide a copy of their guardianship order. All consents must be witnessed; see #12 of the Requirement Guide. When consent cannot be obtained, a dispensation document is required; see #12 of the Requirement Guide.

CHILD 1

Child's New Name

Box D-06 Child's Consent
Child 1 12 Years or Older

Legal Last	Given Names
------------	-------------

I, _____, being a child / ward (12 years or older) of the applicant
PRINT full current name

named in this application, consent to the change of my name as noted above. _____
Signature of child / ward

Signature of witness Print full name of witness Relationship of witness to child / ward

Address of witness City / Town Province Postal Code Phone Number

Box D-07 Child's Parentage
Child 1

- Submit proof of parentage for child
- See #11 of the Requirement Guide

Name of Father / Co-Parent (as recorded on child's birth certificate)	Name of Mother (as recorded on child's birth certificate)
---	---

Box D-08 Parent / Guardian's Consent
Child 1

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #1 named in this
PRINT full current name

application, consent to the change of my child / ward's name as noted above. _____
Signature of parent / guardian

Signature of witness Print full name of witness Relationship of witness to parent / guardian

Address of witness City / Town Province Postal Code Phone Number

Box D-09 Parent / Guardian's Consent
Child 1

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #1 named in this
PRINT full current name

application, consent to the change of my child / ward's name as noted above. _____
Signature of parent / guardian

Signature of witness Print full name of witness Relationship of witness to parent / guardian

Address of witness City / Town Province Postal Code Phone Number

Box D-10 Parent / Guardian's Consent
Child 1

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #1 named in this
PRINT full current name

application, consent to the change of my child / ward's name as noted above. _____
Signature of parent / guardian

Signature of witness Print full name of witness Relationship of witness to parent / guardian

Address of witness City / Town Province Postal Code Phone Number

SECTION D Applicant Changing Child's Name

CHILD 2

Box D-01 Change to Child's Legal Last Name Child 2

- Submit child / ward's Name Document
- See #6 of the Requirement Guide

(1) Print **Last Name** exactly as recorded on your child / ward's Name Document:

(2) Do you want to change the **Last Name** as recorded on your child / ward's Name Document?

- Yes • I would like to change my child / ward's **Last Name** to:
- No

Box D-02 Change to Child's Legal Given Name(s) Child 2

- Submit child / ward's Name Document
- See #6 of the Requirement Guide

(1) Print all **Given Names** exactly as recorded on your child / ward's Name Document:

(2) Do you want to change the **Given Names** as recorded on your child / ward's Name Document?

- Yes • I would like to change my child / ward's **Given Names** to:
- No

Box D-03 Child's Information Child 2

Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> X	Date of Birth (month by name / day / year)	Place of Birth (include Province and Country)
OFFICE USE ONLY	Registration Number	Amendment Number
		Amend / Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the following contact information for your child / ward if it is different than that listed in Box A-01.

Current Physical Address (see Definition H in the Information Guide)			
Street Address	City / Town / Village	Province	Postal Code

Box D-04 Child's Previous Change of Name Information Child 2

- Submit a copy of all previous Change of Name Certificates for your child / ward
- See #8 of the Requirement Guide
- In Question 1 below, you **MUST** indicate YES or NO

You MUST disclose all previous legal changes of names processed for your child / ward prior to this application and provide copies of the Change of Name Certificate(s).

(1) Have you ever legally changed your child / ward's name (not including by adoption)? Yes No

(2) If Yes, complete a Box for each change of name in Section E (Previous Change of Name Details) on Page 15 and attach a copy of the Change of Name Certificates.

Box D-05 Fingerprints Child 2

- Submit your child / ward's electronic fingerprint report when the child is 12 years or older
- See #7 of the Requirement Guide

An electronic fingerprint report must be provided for your child / ward when you are changing his / her name (for children 12 years or older).

OFFICE USE ONLY

Electronic Fingerprints
Received (initials):

Consents

All parents, guardians and the child (when 12 years of age or older) must consent to the child's name being changed; see #11 and #12 of the Requirement Guide. Guardians must provide a copy of their guardianship order. All consents must be witnessed; see #12 of the Requirement Guide. When consent cannot be obtained, a dispensation document is required; see #12 of the Requirement Guide.

CHILD 2

Child's New Name

Box D-06 Child's Consent
Child 2 12 Years or Older

Legal Last	Given Names
------------	-------------

I, _____, being a child / ward (12 years or older) of the applicant
PRINT full current name
named in this application, consent to the change of my name as noted above.

Signature of child / ward				
<input checked="" type="checkbox"/>	Signature of witness	Print full name of witness	Relationship of witness to child / ward	
Address of witness	City / Town	Province	Postal Code	Phone Number

Box D-07 Child's Parentage
Child 2

- Submit proof of parentage for child
- See #11 of the Requirement Guide

Name of Father / Co-Parent (as recorded on child's birth certificate)	Name of Mother (as recorded on child's birth certificate)
---	---

Box D-08 Parent / Guardian's Consent
Child 2

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #2 named in this
PRINT full current name
application, consent to the change of my child / ward's name as noted above..

Signature of parent / guardian				
<input checked="" type="checkbox"/>	Signature of witness	Print full name of witness	Relationship of witness to parent / guardian	
Address of witness	City / Town	Province	Postal Code	Phone Number

Box D-09 Parent / Guardian's Consent
Child 2

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #2 named in this
PRINT full current name
application, consent to the change of my child / ward's name as noted above..

Signature of parent / guardian				
<input checked="" type="checkbox"/>	Signature of witness	Print full name of witness	Relationship of witness to parent / guardian	
Address of witness	City / Town	Province	Postal Code	Phone Number

Box D-10 Parent / Guardian's Consent
Child 2

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #2 named in this
PRINT full current name
application, consent to the change of my child / ward's name as noted above..

Signature of parent / guardian				
<input checked="" type="checkbox"/>	Signature of witness	Print full name of witness	Relationship of witness to parent / guardian	
Address of witness	City / Town	Province	Postal Code	Phone Number

SECTION D Applicant Changing Child's Name

CHILD 3

Box D-01 Change to Child's Legal Last Name Child 3

- Submit child / ward's Name Document
- See #6 of the Requirement Guide

(1) Print **Last Name** exactly as recorded on your child / ward's Name Document:

(2) Do you want to change the **Last Name** as recorded on your child / ward's Name Document?

- Yes • I would like to change my child / ward's **Last Name** to:
- No

Box D-02 Change to Child's Legal Given Name(s) Child 3

- Submit child / ward's Name Document
- See #6 of the Requirement Guide

(1) Print all **Given Names** exactly as recorded on your child / ward's Name Document:

(2) Do you want to change the **Given Names** as recorded on your child / ward's Name Document?

- Yes • I would like to change my child / ward's **Given Names** to:
- No

Box D-03 Child's Information Child 3

Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> X	Date of Birth (month by name / day / year)	Place of Birth (include Province and Country)
OFFICE USE ONLY	Registration Number	Amendment Number
		Amend / Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the following contact information for your child / ward if it is different than that listed in Box A-01.

Current Physical Address (see Definition H in the Information Guide)			
Street Address	City / Town / Village	Province	Postal Code

Box D-04 Child's Previous Change of Name Information Child 3

- Submit a copy of all previous Change of Name Certificates for your child / ward
- See #8 of the Requirement Guide
- In Question 1 below, you **MUST** indicate YES or NO

You MUST disclose all previous legal changes of names processed for your child / ward prior to this application and provide copies of the Change of Name Certificate(s).

(1) Have you ever legally changed your child / ward's name (not including by adoption)? Yes No

(2) If Yes, complete a Box for each change of name in Section E (Previous Change of Name Details) on Page 15 and attach a copy of the Change of Name Certificates.

Box D-05 Fingerprints Child 3

- Submit your child / ward's electronic fingerprint report when the child is 12 years or older
- See #7 of the Requirement Guide

An electronic fingerprint report must be provided for your child / ward when you are changing his / her name (for children 12 years or older).

OFFICE USE ONLY

Electronic Fingerprints
Received (initials):

Consents

All parents, guardians and the child (when 12 years of age or older) must consent to the child's name being changed; see #11 and #12 of the Requirement Guide. Guardians must provide a copy of their guardianship order. All consents must be witnessed; see #12 of the Requirement Guide. When consent cannot be obtained, a dispensation document is required; see #12 of the Requirement Guide.

CHILD 3

Child's New Name

Box D-06 Child's Consent
Child 3 12 Years or Older

Legal Last	Given Names
------------	-------------

I, _____, being a child / ward (12 years or older) of the applicant
PRINT full current name

named in this application, consent to the change of my name as noted above. X _____
Signature of child / ward

X _____
Signature of witness Print full name of witness Relationship of witness to child / ward

Address of witness City / Town Province Postal Code Phone Number

Box D-07 Child's Parentage
Child 3

- Submit proof of parentage for child
- See #11 of the Requirement Guide

Name of Father / Co-Parent (as recorded on child's birth certificate)	Name of Mother (as recorded on child's birth certificate)
---	---

Box D-08 Parent / Guardian's Consent
Child 3

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #3 named in this
PRINT full current name

application, consent to the change of my child / ward's name as noted above.. X _____
Signature of parent / guardian

X _____
Signature of witness Print full name of witness Relationship of witness to parent / guardian

Address of witness City / Town Province Postal Code Phone Number

Box D-09 Parent / Guardian's Consent
Child 3

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #3 named in this
PRINT full current name

application, consent to the change of my child / ward's name as noted above.. X _____
Signature of parent / guardian

X _____
Signature of witness Print full name of witness Relationship of witness to parent / guardian

Address of witness City / Town Province Postal Code Phone Number

Box D-10 Parent / Guardian's Consent
Child 3

- See #12 of the Requirement Guide

I, _____, being a parent / guardian of child #3 named in this
PRINT full current name

application, consent to the change of my child / ward's name as noted above.. X _____
Signature of parent / guardian

X _____
Signature of witness Print full name of witness Relationship of witness to parent / guardian

Address of witness City / Town Province Postal Code Phone Number

SECTION D Applicant Changing Child's Name

CHILD 4

Box D-01 Change to Child's Legal Last Name Child 4

- Submit child / ward's Name Document
- See #6 of the Requirement Guide

(1) Print **Last Name** exactly as recorded on your child / ward's Name Document:

(2) Do you want to change the **Last Name** as recorded on your child / ward's Name Document?

- Yes • I would like to change my child / ward's **Last Name** to:
- No

Box D-02 Change to Child's Legal Given Name(s) Child 4

- Submit child / ward's Name Document
- See #6 of the Requirement Guide

(1) Print all **Given Names** exactly as recorded on your child / ward's Name Document:

(2) Do you want to change the **Given Names** as recorded on your child / ward's Name Document?

- Yes • I would like to change my child / ward's **Given Names** to:
- No

Box D-03 Child's Information Child 4

Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> X	Date of Birth (month by name / day / year)	Place of Birth (include Province and Country)
OFFICE USE ONLY	Registration Number	Amendment Number
		Amend / Notify <input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the following contact information for your child / ward if it is different than that listed in Box A-01.

Current Physical Address (see Definition H in the Information Guide)			
Street Address	City / Town / Village	Province	Postal Code

Box D-04 Child's Previous Change of Name Information Child 4

- Submit a copy of all previous Change of Name Certificates for your child / ward
- See #8 of the Requirement Guide
- In Question 1 below, you **MUST** indicate YES or NO

You MUST disclose all previous legal changes of names processed for your child / ward prior to this application and provide copies of the Change of Name Certificate(s).

(1) Have you ever legally changed your child / ward's name (not including by adoption)? Yes No

(2) If Yes, complete a Box for each change of name in Section E (Previous Change of Name Details) on Page 15 and attach a copy of the Change of Name Certificates.

Box D-05 Fingerprints Child 4

- Submit your child / ward's electronic fingerprint report when the child is 12 years or older
- See #7 of the Requirement Guide

An electronic fingerprint report must be provided for your child / ward when you are changing his / her name (for children 12 years or older).

OFFICE USE ONLY

Electronic Fingerprints
Received (initials):

All parents, guardians and the child (when 12 years of age or older) must consent to the child's name being changed; see #11 and #12 of the Requirement Guide. Guardians must provide a copy of their guardianship order. All consents must be witnessed; see #12 of the Requirement Guide. When consent cannot be obtained, a dispensation document is required; see #12 of the Requirement Guide.

Child's New Name

Box D-06 Child's Consent Child 4 12 Years or Older	Legal Last		Given Names		
	I, _____, being a child / ward (12 years or older) of the applicant PRINT full current name named in this application, consent to the change of my name as noted above. X _____ Signature of child / ward				
X _____ Signature of witness		_____ Print full name of witness		_____ Relationship of witness to child / ward	
_____ Address of witness		_____ City / Town	_____ Province	_____ Postal Code	_____ Phone Number

Box D-07 Child's Parentage Child 4	<ul style="list-style-type: none"> ● Submit proof of parentage for child ● See #11 of the Requirement Guide 				
	Name of Father / Co-Parent (as recorded on the child's birth certificate)			Name of Mother (as recorded on the child's birth certificate)	

Box D-08 Parent / Guardian's Consent Child 4	<ul style="list-style-type: none"> ● See #12 of the Requirement Guide 				
	I, _____, being a parent / guardian of child #4 named in this PRINT full current name application, consent to the change of my child / ward's name as noted above.. X _____ Signature of parent / guardian				
X _____ Signature of witness		_____ Print full name of witness		_____ Relationship of witness to parent / guardian	
_____ Address of witness		_____ City / Town	_____ Province	_____ Postal Code	_____ Phone Number

Box D-09 Parent / Guardian's Consent Child 4	<ul style="list-style-type: none"> ● See #12 of the Requirement Guide 				
	I, _____, being a parent / guardian of child #4 named in this PRINT full current name application, consent to the change of my child / ward's name as noted above.. X _____ Signature of parent / guardian				
X _____ Signature of witness		_____ Print full name of witness		_____ Relationship of witness to parent / guardian	
_____ Address of witness		_____ City / Town	_____ Province	_____ Postal Code	_____ Phone Number

Box D-10 Parent / Guardian's Consent Child 4	<ul style="list-style-type: none"> ● See #12 of the Requirement Guide 				
	I, _____, being a parent / guardian of child #4 named in this PRINT full current name application, consent to the change of my child / ward's name as noted above.. X _____ Signature of parent / guardian				
X _____ Signature of witness		_____ Print full name of witness		_____ Relationship of witness to parent / guardian	
_____ Address of witness		_____ City / Town	_____ Province	_____ Postal Code	_____ Phone Number

SECTION E

Previous Change of Name Details

If the applicant or any person who is changing their name in this application has ever previously legally changed his / her name (not including by marriage or adoption), complete the following and submit a copy of all Change of Name Certificates (e.g., Change of Name Certificate, deed poll, court order, etc.) with this application. Do not send originals.

- All previous legal changes of name must be disclosed for anyone changing their name in this application.
- A copy of the Change of Name Certificates must be submitted with this application.
- When a previous change of name was processed in Alberta, a copy of the Change of Name Certificate is not required as Vital Statistics has original documents they will reference; however, still provide the details below.
- If you require more boxes, please attach the additional details on a separate page to this application.

Who is the Change of Name for <i>(please indicate one)</i> <input type="radio"/> Applicant <input type="radio"/> Spouse / Partner <input type="radio"/> Child / Ward		
What was the full name changed FROM <i>(as shown on Change of Name Certificate)</i>		
What was the full name changed TO <i>(as shown on Change of Name Certificate)</i>		
Date Change of Name registered <i>(month by name / day / year)</i>	Where was the change of name granted <i>(include Province and Country)</i>	Registration Number of Change of Name

Who is the Change of Name for <i>(please indicate one)</i> <input type="radio"/> Applicant <input type="radio"/> Spouse / Partner <input type="radio"/> Child / Ward		
What was the full name changed FROM <i>(as shown on Change of Name Certificate)</i>		
What was the full name changed TO <i>(as shown on Change of Name Certificate)</i>		
Date Change of Name registered <i>(month by name / day / year)</i>	Where was the change of name granted <i>(include Province and Country)</i>	Registration Number of Change of Name

Who is the Change of Name for <i>(please indicate one)</i> <input type="radio"/> Applicant <input type="radio"/> Spouse / Partner <input type="radio"/> Child / Ward		
What was the full name changed FROM <i>(as shown on Change of Name Certificate)</i>		
What was the full name changed TO <i>(as shown on Change of Name Certificate)</i>		
Date Change of Name registered <i>(month by name / day / year)</i>	Where was the change of name granted <i>(include Province and Country)</i>	Registration Number of Change of Name

Who is the Change of Name for <i>(please indicate one)</i> <input type="radio"/> Applicant <input type="radio"/> Spouse / Partner <input type="radio"/> Child / Ward		
What was the full name changed FROM <i>(as shown on Change of Name Certificate)</i>		
What was the full name changed TO <i>(as shown on Change of Name Certificate)</i>		
Date Change of Name registered <i>(month by name / day / year)</i>	Where was the change of name granted <i>(include Province and Country)</i>	Registration Number of Change of Name