



ADULT

LEGAL CHANGE OF NAME

*(Under *The Change of Name Act*)*

Available in other formats upon request
Disponible en français

VITAL
STATISTICS
AGENCY



ADULT LEGAL CHANGE OF NAME APPLICATION

Instructions:

1. Print clearly using black ink. Do not use correction fluid or tape on any of the documents. If you make an error, strike out the incorrect information and then write the correct information above or below the error. Initial every change you make on the form.
2. Complete a separate and original form for each person whose name will be changed. Family members must submit all adult and child applications at the same time to receive the reduced family rate. Contact our Agency to obtain additional adult or child application forms.
3. Your application will not be processed if required sections are incomplete or pages are missing.
4. Supporting documents must be originals or confirmed/notarized copies. Read each section carefully to identify which documents can be confirmed or notarized. Section C explains how to confirm.
5. Supporting documents must be in English or French. Documents in other languages must be certified/notarized copies of the original, translated into English or French by a certified translator.
6. Our Agency will not return Canadian birth/marriage/common-law documents. Other supporting documents may be returned to the applicant.
7. Submit your application form, all supporting documents, and payment to Vital Statistics Agency:

in person

or

by registered mail to
Vital Statistics Agency
254 Portage Avenue
Winnipeg MB R3C 0B6

8. The Director of the Vital Statistics Agency can refuse your application if (a) requirements of *The Change of Name Act* are not met, or (b) the proposed name may cause mistake or confusion to another person, or (c) the change appears improper or objectionable, or (d) frequent name changes.

Warning

Any false or misleading statement in this application or relating to any supporting documents, including hiding any material fact, may result in a refusal to approve a Legal Change of Name and may be grounds for criminal prosecution.

Before you apply for a legal change of name, you may wish to explore the impact this change may have on your identification documents and program benefits.

NOTICE UNDER *THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*

The personal information on this form is collected for the purpose of a Legal Change of Name under *The Change of Name Act*. If you have questions about the collection or use of this information, please contact Vital Statistics Agency.

Inquiries

Telephone: 204-945-3701
Toll-Free (within Canada) 866-949-9296
E-mail: vitalstats@gov.mb.ca
Web-Site: <http://vitalstats.gov.mb.ca>
Address: 254 Portage Avenue, Winnipeg MB R3C 0B6

SECTION A: ELIGIBILITY, APPLICANT INFORMATION AND PROOF OF IDENTITY**ELIGIBILITY**

The adult who is changing their name in this application must have lived in Manitoba for at least the last three months before applying. Adults living in Manitoba less than 3 continuous months are **not eligible** for a Legal Change of Name in Manitoba.

APPLICANT INFORMATION

This application for a Legal Change of Name is for:

Myself and:

- I am at least 18 years old.
- I am younger than 18 years old and married or in a common-law relationship.
- I am younger than 18 years old and am a parent with custody of a child.

Complete: Section A: Eligibility, Applicant Information and Proof of Identity
 Section B: Adult Name Change
 Section C: Affidavit of Qualification and Good Faith
 Section D: Acknowledgment and Authorization
 Section F: Fees

Another adult and:

- I am the adult's Committee under *The Mental Health Act*.
- I am the adult's Substitute Decision Maker for personal care under *The Vulnerable Persons Living with a Mental Disability Act*, with authority to apply for a Legal Change of Name.

If you do not have a document that appoints you as the Committee or Substitute Decision Maker, you are **not eligible** to change another adult's name in Manitoba.

Complete: Section A: Eligibility, Applicant Information and Proof of Identity
 Section B: Adult Name Change
 Section D: Acknowledgment and Authorization
 Section E: Committee/Substitute Decision Maker's Information and Affidavit
 Section F: Fees

NOTE: The adult whose name is being changed requires fingerprinting at an authorized fingerprinting agency. Do this only **after** you receive the *Information Sheet about Manitoba Legal Change of Name & Fingerprinting* from the Vital Statistics Agency.

PROOF OF IDENTITY:

Every applicant must provide proof of identity.
 Submit a confirmed/notarized copy of your Identity Document. Section C explains how to confirm your document.

Your Identity Document must:

- be valid and issued by a government body
- show your full current name
- include your photograph
- have a distinct identification number
- have an expiry date

Examples: Manitoba driver's licence, Canadian passport, Certificate of Indian Status card, Permanent Resident card

Enclosed Confirmed/notarized copy of Identity Document

OFFICE USE ONLY

Identity Document Type:

Document Number:

SECTION B: ADULT NAME CHANGE (INFORMATION ABOUT ADULT WHOSE NAME IS BEING CHANGED)

CURRENT NAME:

- Write the current legal name of the adult who is changing their name in this application.
- For example, the name as it appears on a Manitoba Driver's Licence.

Current Last Name

Current First and Middle Name(s) *(list all names in exact order)*

APPLYING TO CHANGE:

- Last Name only First and/or Middle Name(s) only Both Last Name and First/Middle Name(s)

PROPOSED NAME(S):

- A new name must have at least one FIRST NAME and one LAST NAME.
- The last name may consist of up to four names, combined with or without a hyphen (-).
- Names can only include these punctuation marks: hyphen (-) or apostrophe (') or space ().
- A new name cannot have numbers or other special characters.
- A new name can only include accents used in the English or French alphabet. These are:

Upper Case	À	Â	É	È	Ê	Ë	Î	Ï	Ô	Ù	Ü	Û	Ç
------------	---	---	---	---	---	---	---	---	---	---	---	---	---

Proposed Last Name

Proposed First and Middle Name(s) *(list all names in exact desired order)*

REASON FOR CHANGE:

This application is made for the following reason(s): _____

SECTION B: ADULT NAME CHANGE (INFORMATION ABOUT ADULT WHOSE NAME IS BEING CHANGED)

RESIDENCY DOCUMENT:

The Residency Document:

- proves the adult who is changing their name in this application has lived in Manitoba for at least the last 3 months.
- Submit a confirmed/notarized copy of the Residency Document. Section C explains how to confirm documents.

The Residency Document must:

- be valid and issued by a government body
- show the current address
- include an issue date

Examples: Manitoba Health card, Manitoba driver's licence, Manitoba identification card (issued by MPI)

Enclosed Confirmed/notarized copy of Residency Document

OFFICE USE ONLY

Residency Document Type:

Document Number:

RESIDENCY:

Address of current residence:

- This is the address at which the adult who is changing their name physically resides.
- The address of the current residence must match the address on the Residency Document.
- If more than three Manitoba addresses over the last three months, provide other addresses on a separate sheet of paper.

Current Residence:

Unit Number	Street Number	Street Name	PO Box	City/Town										
Province MANITOBA		Country CANADA	Daytime Phone Number(s)											
Postal Code	Email Address		<table style="width: 100%; border: none;"> <tr> <td style="border: none;"> _ _ </td> <td style="border: none;">-</td> <td style="border: none;"> _ _ _ </td> <td style="border: none;">-</td> <td style="border: none;"> _ _ _ _ </td> </tr> <tr> <td style="border: none;"> _ _ </td> <td style="border: none;">-</td> <td style="border: none;"> _ _ _ </td> <td style="border: none;">-</td> <td style="border: none;"> _ _ _ _ </td> </tr> </table>		_ _	-	_ _ _	-	_ _ _ _	_ _	-	_ _ _	-	_ _ _ _
_ _	-	_ _ _	-	_ _ _ _										
_ _	-	_ _ _	-	_ _ _ _										

Previous Residence (in last 3 months):

Unit Number	Street Number	Street Name	PO Box	City/Town
Province MANITOBA		Country CANADA	Postal Code	

Previous Residence (in last 3 months):

Unit Number	Street Number	Street Name	PO Box	City/Town
Province MANITOBA		Country CANADA	Postal Code	

SECTION B: ADULT NAME CHANGE (INFORMATION ABOUT ADULT WHOSE NAME IS BEING CHANGED)

BIRTH INFORMATION

Below write the name of the adult who is changing their name as it appears on his/her Name Document.

- If the adult was previously adopted, write the name as it appeared after the adoption order.
- If the adult previously completed a Legal Change of Name, write the name as it appeared after the change and submit a confirmed/notarized copy of the Change of Name certificate. Section C explains how to confirm documents.

<p>If born in Manitoba:</p> <ul style="list-style-type: none"> ● The Name Document is a Manitoba birth certificate. ● Submit <u>all</u> previously issued birth certificates. ● Submit the <u>original(s)</u>. <p>If born in Canada:</p> <ul style="list-style-type: none"> ● The Name Document is a Canadian birth certificate. ● Submit <u>all</u> previously issued birth certificates. ● Submit the <u>original(s)</u>. <p>The following are not acceptable Name Documents:</p> <ul style="list-style-type: none"> ● Driver's licence ● Baptismal certificate ● Health card ● Social Insurance Number card 	<p>If born outside Canada:</p> <ul style="list-style-type: none"> ● The Name Document is a Citizenship and Immigration Canada document indicating immigration status in Canada. Examples: Canadian Citizenship card/certificate valid Permanent Resident card ● If the name displayed is not complete, attach a Verification of Status (VOS) document displaying the full name. ● Submit a confirmed/notarized copy of the Citizenship and Immigration document. Section C explains how to confirm the document. <p>The following are not acceptable Name Documents:</p> <ul style="list-style-type: none"> ● Foreign passport ● Foreign birth certificate ● Commemoration of Canadian Citizenship certificate ● Landing documents
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Last Name on Name Document

First Name on Name Document	Middle Name(s) on Name Document

Date of Birth	Sex						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;"> _ _ </td> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;"> _ _ </td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;"> _ _ _ </td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>	_ _	_ _	_ _ _	Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
_ _	_ _	_ _ _					
Month	Day	Year					

Place of Birth (Include city/town, province/state, and country)

Father or other parent		
Last Name	First Name	Middle Name(s)

Mother or other parent		
Maiden Last Name	First Name	Middle Name(s)

Enclosed <input type="checkbox"/> Confirmed/notarized copy of Citizenship and Immigration Canada document OR <input type="checkbox"/> All previously issued original birth certificates (if born in Canada) OR <input type="checkbox"/> I do not have my original Manitoba birth certificate(s) because: _____	OFFICE USE ONLY			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name Document Type:</td> <td style="width: 50%; padding: 2px;">Document Number:</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		Name Document Type:	Document Number:	
Name Document Type:	Document Number:			

SECTION B: ADULT NAME CHANGE (INFORMATION ABOUT ADULT WHOSE NAME IS BEING CHANGED)

PREVIOUS CHANGE(S) OF NAME

- Complete this section if the adult who is changing their name in this application previously changed their name through a Legal Change of Name OR Election/Resumption of Surname.
- Do not include any names assumed by marriage.
- Do not include any names changed by adoption.
- Submit a confirmed/notarized copy of each Change of Name and/or Election/Resumption of Surname Certificate. Section C explains how to confirm each document.
- If more than three Legal Changes of Name, provide details on a separate sheet of paper.

Name changed from:

Last Name	First Name	Middle Name(s)
-----------	------------	----------------

Name changed to:

Last Name	First Name	Middle Name(s)
-----------	------------	----------------

Date of Registration	Registration Number	Place of Registration (province/state and country)						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> </td> <td style="width: 33%; border-bottom: 1px solid black;"> </td> <td style="width: 33%; border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>				Month	Day	Year		
Month	Day	Year						

Enclosed <input type="checkbox"/> Confirmed/notarized copies of previous Change of Name documents	OFFICE USE ONLY
Change of Name Document Type:	Document Number:

Name changed from:

Last Name	First Name	Middle Name(s)
-----------	------------	----------------

Name changed to:

Last Name	First Name	Middle Name(s)
-----------	------------	----------------

Date of Registration	Registration Number	Place of Registration (province/state and country)						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> </td> <td style="width: 33%; border-bottom: 1px solid black;"> </td> <td style="width: 33%; border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>				Month	Day	Year		
Month	Day	Year						

Enclosed <input type="checkbox"/> Confirmed/notarized copies of previous Change of Name documents	OFFICE USE ONLY
Change of Name Document Type:	Document Number:

Name changed from:

Last Name	First Name	Middle Name(s)
-----------	------------	----------------

Name changed to:

Last Name	First Name	Middle Name(s)
-----------	------------	----------------

Date of Registration	Registration Number	Place of Registration (province/state and country)						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> </td> <td style="width: 33%; border-bottom: 1px solid black;"> </td> <td style="width: 33%; border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>				Month	Day	Year		
Month	Day	Year						

Enclosed <input type="checkbox"/> Confirmed/notarized copies of previous Change of Name documents	OFFICE USE ONLY
Change of Name Document Type:	Document Number:

SECTION B: ADULT NAME CHANGE (INFORMATION ABOUT ADULT WHOSE NAME IS BEING CHANGED)

MARITAL STATUS

The person whose name is being changed is currently (check one):

Never married Married or separated In a registered common-law relationship Divorced Widowed

If currently married:

Spouse's Last Name before this marriage	First Name	Middle Name(s)

Date of marriage	Place of marriage (include city/town, province/state, and country)						
<table style="width:100%; border: none;"> <tr> <td style="border: none; width:33%; text-align: center;"> _ _ </td> <td style="border: none; width:33%; text-align: center;"> _ _ </td> <td style="border: none; width:33%; text-align: center;"> _ _ </td> </tr> <tr> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Year</td> </tr> </table>	_ _	_ _	_ _	Month	Day	Year	
_ _	_ _	_ _					
Month	Day	Year					

If the event was registered

- in Canada enclose the original marital status document
- outside Canada enclose a confirmed/notarized copy of the marital status document (section C explains how to confirm the document). See point 5 on page 1 if the document is not in English or French.

Marital Status Document Type:	Document Number:	OFFICE USE ONLY

If previously married (if more than 1 previous marriage, provide details on a separate sheet of paper):

Spouse's Last Name before this marriage	First Name	Middle Name(s)

Date of marriage	Place of marriage (include city/town, province/state, and country)						
<table style="width:100%; border: none;"> <tr> <td style="border: none; width:33%; text-align: center;"> _ _ </td> <td style="border: none; width:33%; text-align: center;"> _ _ </td> <td style="border: none; width:33%; text-align: center;"> _ _ </td> </tr> <tr> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Year</td> </tr> </table>	_ _	_ _	_ _	Month	Day	Year	
_ _	_ _	_ _					
Month	Day	Year					

If the event was registered

- in Canada enclose the original marital status document
- outside Canada enclose a confirmed/notarized copy of the marital status document (section C explains how to confirm the document). See point 5 on page 1 if the document is not in English or French.

Marital Status Document Type:	Document Number:	OFFICE USE ONLY

If in a registered common-law relationship:

Partner's Last Name before this relationship	First Name	Middle Name(s)

Date registered	Place registered (include city/town, province/state, and country)						
<table style="width:100%; border: none;"> <tr> <td style="border: none; width:33%; text-align: center;"> _ _ </td> <td style="border: none; width:33%; text-align: center;"> _ _ </td> <td style="border: none; width:33%; text-align: center;"> _ _ </td> </tr> <tr> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Year</td> </tr> </table>	_ _	_ _	_ _	Month	Day	Year	
_ _	_ _	_ _					
Month	Day	Year					

If the event was registered

- in Canada enclose the original marital status document
- outside Canada enclose a confirmed/notarized copy of the marital status document (section C explains how to confirm the document). See point 5 on page 1 if the document is not in English or French.

Marital Status Document Type:	Document Number:	OFFICE USE ONLY

SECTION B: ADULT NAME CHANGE (INFORMATION ABOUT ADULT WHOSE NAME IS BEING CHANGED)

FINGERPRINTING

Manitoba law requires that the adult who is applying to change their name in this application have fingerprints taken by an authorized fingerprinting agency before the Vital Statistics Agency can process the change.

Submit this Legal Change of Name application to Vital Statistics Agency FIRST.

Do NOT go to an authorized fingerprinting agency until Vital Statistics Agency sends you the *Information Sheet about Manitoba Legal Change of Name and Fingerprinting*.

- (1) Applicants **must consent to the Third Party Waiver** in Livescan (inkless optical scanner which captures fingerprints) so that Vital Statistics Agency receives confirmation that CCRTIS (RCMP's Canadian Criminal Real Time Identification Services) received the person's fingerprints.
- (2) If the Vital Statistics Agency does not receive confirmation from CCRTIS, the Vital Statistics Agency **will not process** this Legal Change of Name application. The adult may have to undergo fingerprinting and pay fees again.
- (3) The current and proposed name on the CCRTIS confirmation **must match exactly** the names in this application, and the *Information Sheet about Manitoba Legal Change of Name and Fingerprinting*, or Vital Statistics Agency will not process the name change. The adult will have to start a new application and undergo fingerprinting again. Confirm with the authorized fingerprinting agency that your current and proposed names have been entered correctly in Livescan.
- (4) After you receive the *Information Sheet about Manitoba Legal Change of Name and Fingerprinting* from the Vital Statistics Agency, **bring it with you** to the authorized fingerprinting agency of your choice. Do not go to an authorized fingerprinting agency until Vital Statistics Agency sends you the *Information Sheet about Manitoba Legal Change of Name and Fingerprinting*.

General Information about Fingerprinting:

- Authorized agencies use Livescan. The scanned fingerprints and some application details are electronically transferred to CCRTIS by a secure link.
- CCRTIS conducts a search to see if the fingerprints match an entry in the National Repository of Criminal Record Information. If there is a match, the person's new name will be added to the entry in the National Repository.
- Fingerprints will be destroyed after 90 days.
- CCRTIS does not tell the Vital Statistics Agency what is in the National Repository. Vital Statistics will not know whether there is an entry or no entry in the National Repository, or any criminal history.
- Vital Statistics Agency only processes the Legal Change of Name application after it has confirmation from CCRTIS that the adult completed fingerprinting at an authorized agency.

OFFICE USE ONLY

Information Sheet sent:

_____|_____|_____|_____|_____|_____|
Month Day Year

CCRTIS Analysis Report Received:

_____|_____|_____|_____|_____|_____|
Month Day Year

Never received

SECTION C: APPLICANT'S AFFIDAVIT OF QUALIFICATION AND GOOD FAITH

I, _____ solemnly affirm that:
(Current name of adult applying to change their name)

- I am at least 18 years old or,
 I am younger than 18 years old and am married, or live in a registered common-law relationship, or
 I am younger than 18 years old and have been in a common law relationship for at least 3 years or,
 I am younger than 18 years old and am a parent with custody of a child.
- I have continuously resided in Manitoba for the last three months immediately before the date of this application.
- The information provided in this application is true and complete to the best of my knowledge.
- I am making this application in good faith and not for any improper purpose.

Affirmed before me at

_____, Manitoba
City/Town/Municipality

on _____
Month/ Day/ Year

X _____
Signature of Commissioner for Oaths,
Notary Public, Justice of the Peace, etc

X _____
Signature of Applicant

Print Name and Appointment Expiry Date

Name:

Expiry Date:

Print Witness position type or affix stamp
(example: Commissioner for Oaths)

Type:

WHO MAY WITNESS THIS AFFIDAVIT:

This affidavit must be signed by someone authorized in *The Evidence Act* of Manitoba. The following are some examples:

- A commissioner for oaths (available at the Vital Statistics Agency if this application is delivered in person)
- A Manitoba justice of the peace or the judge of any court in the province
- A lawyer authorized to practice in Manitoba
- A notary public appointed for Manitoba
- A mayor, reeve, or clerk of any Manitoba municipality
- A secretary-treasurer of any Manitoba school district or school division
- The postmaster of any post office in Manitoba
- A member of the Royal Canadian Mounted Police
- A commissioned officer in the Canadian Forces who is on full time service

HOW TO CONFIRM DOCUMENTS:

The person who witnesses this Affidavit may also confirm or notarize the supporting documents submitted with this form. To confirm documents:

- Present originals and their photocopies to the person who will witness this Affidavit.
- Ask the witness to compare each original with the copy, and then write the following on each copy:
"I _____ (print witness name) _____, confirm that I have compared the particulars on the original document to the applicant and confirm this is a true copy of the _____ (document type and number) issued to _____ (applicant's name as shown on document) _____." (witness signature).
- Ask the witness to sign every statement on each document.

SECTION D: ACKNOWLEDGEMENT AND AUTHORIZATION TO VERIFY DOCUMENTS

1. I, _____, understand that all adults applying for a legal change of name must submit fingerprints to the Royal Canadian Mounted Police (RCMP) Canadian Criminal Real Time Identification Services through an authorized fingerprinting agency. If those fingerprints match an entry in the National Repository of Criminal Record Information, the new name will be added to the entry in the National Repository. Vital Statistics Agency will only be told that the fingerprints have been received by the RCMP and will not be told if an applicant has a criminal record.
(Current name of adult applying to change their name)
2. I authorize Vital Statistics Agency to verify the documents submitted to support this application with the issuing authority. Verification will include the disclosure of personal information contained in the document or in this application to the issuing authority. I also authorize the issuing authority to disclose personal information to Vital Statistics Agency for the purpose of verifying the document.
3. I enclose all previously issued birth and marriage or common-law relationship certificates in my possession, and I understand these may not be returned to me when this Legal Change of Name is completed.
4. I understand that all previous birth certificates, and marriage or common-law relationship certificates will no longer be valid upon completion of this Legal Change of Name.
5. If my birth is registered in Manitoba, I understand that upon completion of this Legal Change of Name the name on my Manitoba registration of birth and certificate of birth will be the name proposed in this application form.
6. I understand this Legal Change of Name may impact my identification documents and/or benefits.
7. I understand that a Legal Change of Name is public information and is published in the *Manitoba Gazette*. It may be shared with other governments, government departments and agencies or law enforcement agencies.
8. I understand that it is an offence to obtain a Legal Change of Name by fraud or misrepresentation.

Signature of Applicant

Date

SECTION E: COMMITTEE/ SUBSTITUTE DECISION MAKER INFORMATION AND AFFIDAVIT

COMMITTEE OR SUBSTITUTE DECISION MAKER'S INFORMATION

Last Name		First Name		Middle Name(s)	
Unit Number	Street Number	Street Name		PO Box	City/Town
Province		Country CANADA		Daytime Phone Number(s)	
Postal Code	Email Address		_____ - _____ - _____ _____ - _____ - _____		
Enclosed <input type="checkbox"/> Confirmed/notarized copy of Committee/Substitute Decision Maker's Identity Document (see pages 3 and 10).					
Identity Document Type:		Document Number:		OFFICE USE ONLY	

COMMITTEE OR SUBSTITUTE DECISION MAKER'S AFFIDAVIT OF QUALIFICATION AND GOOD FAITH

If a Committee or Substitute Decision Maker has been appointed:

I, _____, solemnly affirm that:
(Name of Committee/Substitute Decision Maker)

- I was appointed Committee of _____ (the adult whose name is being changed) under *The Mental Health Act* and continue to be his/her Committee, (certified/notarized copy of court order enclosed).
OR
 I am the substitute decision maker for _____ (the adult whose name is being changed), appointed under *The Vulnerable Persons Living with a Mental Disability Act*. One of the powers given to me in this appointment is the power to apply for a Legal Change of Name for him/her, (certified/notarized copy of the appointment document enclosed).
- I have examined the birth certificate of the adult whose name is being changed and confirm that he/she is 18 or more years of age.
- I have known the adult whose name is being changed for at least three months and confirm that he/she continuously resided in Manitoba for the last three months immediately before the date of this application.
- The information provided in this application is true and complete to the best of my knowledge.
- I am making this application for Legal Change of Name on behalf of the adult whose name is being changed in good faith and not for any improper purpose.

Affirmed before me at

_____ , Manitoba	} X _____ Signature Committee or Substitute Decision Maker applying to change adult's name
_____ City/Town/Municipality	
on _____ . Month/ Day/ Year	
X _____ Signature of Commissioner for Oaths Notary Public, Justice of the Peace, etc	

Print Name and Appointment Expiry Date
Name:
Expiry Date:

See Section C for a list of persons who can witness your affidavit.

SECTION F: FEES

VITAL STATISTICS AGENCY FEES

- The minimum Vital Statistics Agency fee for a Legal Change of Name in Manitoba is:\$120.07 ea
This includes:
Vital Statistics Agency Legal Change of Name fee (\$100)
Manitoba Gazette fee (\$20.07)
Family Rate:\$50.00 ea
If in addition to changing your name, you want to change the name of your spouse/common-law partner and/or children under the age of 18, complete a **separate** application form for each additional person whose name is being changed. All applications must be received by Vital Statistics Agency **at the same time** to qualify for the discounted fee.
- If you want a birth certificate showing the new name (if the birth occurred in Manitoba*).....\$30.00 ea
A separate *Application for a Manitoba Birth Document* must be submitted along with this application form.
- If you want a marital status certificate showing new name (if the event occurred in Manitoba*).....\$30.00 ea
A separate *Application for a Manitoba Marriage Document* or *Application for Other Services* (request copy of Common-Law Relationship certificate) must be submitted along with this application form.

*After completing this Legal Change of Name, persons whose birth/marital status is registered outside Manitoba must contact the jurisdiction in which the event took place to obtain a new birth/marital status certificate showing the new name.

Authorized Fingerprinting Agency Fees:

- Vital Statistics Agency does not set the fingerprinting fees, which may vary depending on which authorized fingerprinting agency you use. The applicant is responsible for making this payment directly to the authorized fingerprinting agency taking his/her fingerprints. Contact the authorized fingerprinting agency of your choice to confirm the current legal change of name fingerprinting fees. The authorized fingerprinting agency will also collect a \$25 fee on behalf of the Canadian Criminal Real Time Identification Services. You should confirm with the authorized fingerprinting agency whether this fee is included in the fingerprinting service fees or is charged separately.

Notation of change on related Manitoba registrations

Marital Status registered in Manitoba

- If you want the name proposed in this application to appear on your previous marital status registration.....\$30.00 ea
Where applicable, the name proposed in this application will be applied to your current marital status registered in Manitoba. To update your previous marital status registration(s) in Manitoba with the name proposed in this application, contact the Vital Statistics Agency to complete a *Statutory Declaration Respecting a Correction or Alteration of a Registration*. The Statutory Declaration will also need to be signed by your spouse or former spouse on the marital status registration.
- If you want a marital status certificate showing the name proposed in this application.....\$30.00 ea
A separate *Application for a Manitoba Marriage Document* or *Application for Other Services* (request copy of Common-Law Relationship certificate) must be submitted along with this application form.

Child's birth registered in Manitoba

- If you want the name proposed in this application to appear on your child's birth registration.....\$30.00 ea
If your child was born in Manitoba and you wish to update your child's birth registration with the name proposed in this application, contact the Vital Statistics Agency to complete a *Statutory Declaration Respecting a Correction or Alteration of a Registration*. If two parents appear on the child's birth registration, both parents must sign the Statutory Declaration. If the child is older than 18 years of age, he/she must also sign the Statutory Declaration.
- If you want your child's birth certificate showing your new name (if the birth occurred in Manitoba)..... \$30.00 ea
A separate *Application for a Manitoba Birth Document* must be submitted along with the Statutory Declaration.

METHOD OF PAYMENT

- Cash
 - Debit card
 - MasterCard/Visa
 - Money Order
 - Certified Cheque
- } In person only
- } Payable to the Minister of Finance

I authorize Vital Statistics Agency to charge to my card \$ _____

Credit card number

Expiry date

Name on Credit Card

Cardholder's signature

OFFICE USE ONLY