



CHILD

LEGAL CHANGE OF NAME

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

Available in other formats upon request
Disponible en français

VITAL
STATISTICS
AGENCY



CHILD 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 D 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 child's 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 AND APPLICANT INFORMATION

ELIGIBILITY

The adult applying on behalf of this child must have lived in Manitoba for at least the last 3 months before applying. Adults and children living in Manitoba less than 3 continuous months are **not eligible** for a Legal Change of Name in Manitoba.

APPLICANT TYPE

This application for a Legal Change of Name is for a child for whom:

- I am the child's parent and consent of the other parent will be provided.
 Complete: Section A: Eligibility and Applicant Information
 Section B: Information about the Adult Applying on Behalf of the Child
 Section C: Information about the Child
 Section D: Applicant's Affidavit of Qualification and Good Faith
 Section E: Acknowledgement and Authorization to Verify Documents
 Section F: Fees
 Section G: Consent of Child 12 Years of Age or Older
 Section H: Consent of Other Parent
- I am the child's parent and enclose a certified/notarized copy of a court order granting sole custody.
 Complete: Section A: Eligibility and Applicant Information
 Section B: Information about the Adult Applying on Behalf of the Child
 Section C: Information about the Child
 Section D: Applicant's Affidavit of Qualification and Good Faith
 Section E: Acknowledgement and Authorization to Verify Documents
 Section F: Fees
 Section G: Consent of Child 12 Years of Age or Older
 Section K: Notice to Other Parent
- I am a private legal guardian of this child and enclose a certified/notarized copy of a permanent court order of guardianship.
 Complete: Section A: Eligibility and Applicant Information
 Section B: Information about the Adult Applying on Behalf of the Child
 Section C: Information about the Child
 Section D: Applicant's Affidavit of Qualification and Good Faith
 Section E: Acknowledgement and Authorization to Verify Documents
 Section F: Fees
 Section G: Consent of Child 12 Years of Age or Older
 Section J: Consents for Private Guardian (other than Child and Family Services Agency)
- I am the Executive Director of a Child and Family Services Agency and enclose a certified/notarized copy of a temporary court order of guardianship.
 Complete: Section A: Eligibility and Applicant Information
 Section B: Information about the Adult Applying on Behalf of the Child
 Section C: Information about the Child
 Section D: Applicant's Affidavit of Qualification and Good Faith
 Section E: Acknowledgement and Authorization to Verify Documents
 Section F: Fees
 Section G: Consent of Child 12 Years of Age or Older
 Section I: Consents for Executive Director of Child and Family Services Agency
- I am the Executive Director of a Child and Family Services Agency and enclose a certified/notarized copy of a permanent court order of guardianship.
 Complete: Section A: Eligibility and Applicant Information
 Section B: Information about the Adult Applying on Behalf of the Child
 Section C: Information about the Child
 Section D: Applicant's Affidavit of Qualification and Good Faith
 Section E: Acknowledgement and Authorization to Verify Documents
 Section F: Fees
 Section G: Consent of Child 12 Years of Age or Older

SECTION B: INFORMATION ABOUT THE ADULT APPLYING ON BEHALF OF THE CHILD

PROOF OF IDENTITY:

- The adult applying on behalf of this child should complete this section and provide proof of their identity.
- Submit a confirmed/notarized copy of your Identity Document. Section D 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

Identity Document Type:	Document Number:	OFFICE USE ONLY
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- You do not require proof of identity if you are the Executive Director of a Child and Family Services Agency applying on behalf of a child. Provide particulars about yourself and your Agency, then skip to section C.

Executive Director Name	Agency	Phone	Number
Agency Name	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____
Agency Address	City	Province	Postal Code

RESIDENCY DOCUMENT:

- The Residency Document:
- proves the adult applying on behalf of this child has lived in Manitoba for at least the last 3 months.
 - Submit a confirmed/notarized copy of the Residency Document. Section D explains how to confirm documents.

- **Your 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

Residency Document Type:	Document Number:	OFFICE USE ONLY
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RESIDENCY:

- Address of current residence:
- This is the address at which the adult who is applying on behalf of this child physically resides.
 - The address of the current residence must match the address on the Residency Document.
 - If more than one 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 <b style="text-align: center;">MANITOBA		Country <b style="text-align: center;">CANADA		Daytime Phone Number(s)
Postal Code	Email Address			_____ - _____ - _____ _____ - _____ - _____

SECTION B: INFORMATION ABOUT THE ADULT APPLYING ON BEHALF OF THE CHILD

ADULT'S PREVIOUS CHANGE(S) OF NAME:

- Complete this section if the adult who is applying on behalf of this child 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 D explains how to confirm each document.
- If more than one Legal Change of Name, provide details on a separate sheet of paper.

Adult's Name changed from:

Last Name	First Name	Middle Name(s)

Adult'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; height: 15px;"></td> <td style="width:33%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width:33%; border-bottom: 1px solid black; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">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			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Change of Name Document Type:</td> <td style="width:50%; padding: 2px;">Document Number:</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		Change of Name Document Type:	Document Number:	
Change of Name Document Type:	Document Number:			

ADULT'S MARITAL STATUS

The adult applying on behalf of this child is currently (check one):

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

Marital status registrations:

- The adult applying on behalf of the child should **only** skip this section if her/his current legal name matches the name on his/her own Name Document and the child's birth document.
- Attach additional marital status registrations on a separate sheet of paper to link current name to Name Document.

Spouse's Last Name before this marital status	First Name	Middle Name(s)

Date of event	Place of event (include city/town, province/state, and country)						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width:33%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width:33%; border-bottom: 1px solid black; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">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 D 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 C: INFORMATION ABOUT THE CHILD

CHILD'S BIRTH INFORMATION AND PROOF OF PARENTAGE:

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

- If the child was previously adopted, write the name as it appeared after the adoption order.
- If the child 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 D explains how to confirm the document.

If born in Manitoba:

- The Name Document is a Manitoba birth certificate showing parents' names.
- Submit all previously issued birth certificates.
- Submit the original(s).

If born in Canada:

- The Name Document is a Canadian birth certificate showing parents' names.
- Submit all previously issued birth certificates.
- Submit the original(s).

The following are **not** acceptable Name Documents:

- Canadian driver's licence
- Baptismal certificate
- Health card
- Social Insurance Number card

If born outside Canada:

- The Name Document is a **confirmed/notarized** copy of a Citizenship and Immigration Canada document indicating immigration status in Canada. Section D explains how to confirm the document.

Examples: Canadian Citizenship card/certificate
valid Permanent Resident card

PLUS

- **Certified/notarized** copy of the child's foreign birth certificate showing parents' names, translated into English or French by a certified translator.

The following are **not** acceptable Name Documents:

- Foreign passport
- Commemoration of Canadian Citizenship certificate
- Landing documents

Child's Last Name on Name Document

Child's First Name on Name Document

Child's Middle Name(s) on Name Document

Child's Date of Birth

Child's Sex

____ | ____ | ____
Month | Day | Year

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

Child's Father or other parent

Last Name

First Name

Middle Name(s)

Child's Mother or other parent

Maiden Last Name

First Name

Middle Name(s)

- Enclosed Confirmed/notarized copy of Citizenship and Immigration Canada document OR
 All previously issued original birth certificates (if born in Canada) OR
 I do not have the child's original Manitoba birth certificate(s) because:

OFFICE USE ONLY

Name Document Type:

Document Number:

SECTION C: INFORMATION ABOUT THE CHILD

CHILD'S PREVIOUS CHANGE(S) OF NAME (if more than one, 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

_____/_____/_____
Month Day Year

Registration Number

Place of Registration (province/state and country)

Enclosed Confirmed/notarized copies of previous Change of Name documents

OFFICE USE ONLY

Change of Name Document Type:

Document Number:

APPLYING TO CHANGE CHILD'S:

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

CHILD'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
------------	---	---	---	---	---	---	---	---	---	---	---	---	---

Child's Proposed Last Name

Child's 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): _____

CUSTODY DOCUMENTS:

- Enclose certified/notarized copies of all legal documents regarding the custody of this child.
- Section D explains how to confirm documents.

Enclosed Certified/notarized copies of all Court Orders regarding custody of this child
 Certified/notarized copy of permanent Court Order of Guardianship
 Certified/notarized copy of temporary Court Order of Guardianship

OFFICE USE ONLY

Name Document Type:

Document Number:

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

I, _____ solemnly swear/affirm that:
 (Current name of applicant)

1. I am the child's parent with joint or shared custody or,
 I am the child's parent with sole custody, and have a court order of sole custody or,
 I am the child's only parent with legal custody or,
 I am the Executive Director of a Child and Family Services Agency, and have a court order of guardianship or,
 I am the private legal guardian of the child, and have a court order of guardianship.
2. I have continuously resided in Manitoba for the last three months immediately before the date of this application.
3. The information provided in this application is true and complete to the best of my knowledge.
4. I am making this application in good faith and not for any improper purpose.

Sworn/Affirmed before me at

_____, Manitoba City/Town/Municipality on _____ Month/Day/Year X _____ Signature of Notary Public, Justice of the Peace, Commissioner for Oaths, 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 E: ACKNOWLEDGMENT AND AUTHORIZATION TO VERIFY DOCUMENTS

1. I, _____, authorize Vital Statistics Agency to verify
(Name of Parent or Guardian)
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.
2. I enclose all previously issued birth certificates for the child in my possession, and I understand these may not be returned to me when this legal change of name is completed.
3. I understand all previous birth certificates will no longer be valid upon completion of this legal change of name.
4. If the child's birth is registered in Manitoba, I understand that upon completion of this Legal Change of Name the name on the child's Manitoba registration of birth and certificate of birth will be the name proposed in this application form.
5. I understand this Legal Change of Name may impact the child's identification documents and/or benefits.
6. 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.
7. I understand it is an offence to obtain a legal change of name by fraud or misrepresentation.

Signature of Parent or Guardian

Date

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:\$70.07 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.

*After completing this Legal Change of Name, persons born outside Manitoba must contact the jurisdiction in which the event took place for the requirements to obtain a new birth certificate showing the new name.

METHOD OF PAYMENT

- Cash
- Debit card

In person only

MasterCard/Visa

Money Order

Certified Cheque

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

SECTION G: CONSENT OF CHILD 12 YEARS OF AGE OR OLDER

TO BE COMPLETED BY THE CHILD (if he/she is 12 years of age or older):

- Sign below in the presence of a witness.
- Include information about the witness below.

I, _____
(Print the current full name of child)

consent to change my name to

Proposed Last Name

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

_____ Date

_____ Signature of Child

TO BE COMPLETED BY WITNESS

- Witness must be someone 18 years of age or older and not related to the parent and child.
- By signing below, the witness attests he/she witnessed the signature of the child.

Witness Last Name

Witness First and Middle Name(s)

Witness Address

City

Province

Postal Code

_____ Date

_____ Signature of Witness

SECTION H: CONSENT OF OTHER PARENT

TO BE COMPLETED BY OTHER PARENT

- Sign below in the presence of a witness.
- Include information about the witness below.

I, _____, am the other parent of the child.

(Print the current full name of other parent)

Address

City

Province

Postal Code

I consent to change the child's name from:

Child's Current Last Name

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

to:

Child's Proposed Last Name

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

Date

Signature of other parent

TO BE COMPLETED BY WITNESS

- Witness must be someone 18 years of age or older and not related to the parent and child.
- By signing below, the witness attests he/she witnessed the signature of the other parent.

Last Name

First and Middle Name(s)

Address

City

Province

Postal Code

Date

Signature of Witness

SECTION I: CONSENT FOR EXECUTIVE DIRECTOR OF CHILD AND FAMILY SERVICES AGENCY

TO BE COMPLETED BY CHILD AND FAMILY SERVICES AGENCY IF GUARDIANSHIP ORDER IS TEMPORARY

Executive Director Name	Agency	Phone	Number
Agency Name			
Agency Address	City	Province	Postal Code

TO BE COMPLETED BY MOTHER/OTHER PARENT

I, _____, am the parent of:
 (Print the full name of mother/other parent)

Child's Current Last Name _____ Child's Current First and Middle Name(s) *(list all names in exact order)* _____

I consent to change the child's name to:
 Child's Proposed Last Name _____ Child's Proposed First and Middle Name(s) *(list all names in exact desired order)* _____

- Witness must be someone 18 years of age or older and not related to the parent and child.
- By signing below, the witness attests he/she witnessed the signature of the mother/other parent.

_____ Signature of Parent	_____ Address of Parent	_____ City	_____ Province	_____ Postal Code
_____ Signature of Witness	_____ Address of Witness	_____ City	_____ Province	_____ Postal Code
_____ Print Name of Witness				_____ Date

TO BE COMPLETED BY FATHER/OTHER PARENT

I, _____, am the parent of:
 (Print the full name of father/other parent)

Child's Current Last Name _____ Child's Current First and Middle Name(s) *(list all names in exact order)* _____

I consent to change the child's name to:
 Child's Proposed Last Name _____ Child's Proposed First and Middle Name(s) *(list all names in exact desired order)* _____

- Witness must be someone 18 years of age or older and not related to the parent and child.
- By signing below, the witness attests he/she witnessed the signature of the father/other parent.

_____ Signature of Parent	_____ Address of Parent	_____ City	_____ Province	_____ Postal Code
_____ Signature of Witness	_____ Address of Witness	_____ City	_____ Province	_____ Postal Code
_____ Print Name of Witness				_____ Date

SECTION J: CONSENT FOR PRIVATE GUARDIAN (other than Child and Family Services Agency)

TO BE COMPLETED BY PRIVATE GUARDIAN APPLYING ON BEHALF OF CHILD

Information about private legal guardian applying for a legal change of name on behalf of the child:

Private Guardian Name _____ Private Guardian Phone Number _____
(____) _____ - _____
Private Guardian Address _____ City _____ Province _____ Postal Code _____

The private legal guardian of

_____ (Print the current full name of child)

has applied for a legal change of name on behalf of the child.

This form is for consent to the child's legal change of name by:

- The other private legal guardian
- The mother/other parent
- The father/ other parent

TO BE COMPLETED BY OTHER PRIVATE GUARDIAN

- To be completed by the other private legal guardian named on the same permanent court order of guardianship as the adult applying on behalf of this child.

I, _____, am the other private guardian of:
(Print the full name of other private guardian)

Child's Current Last Name _____ Child's Current First and Middle Name(s) *(list all names in exact order)* _____

I consent to change the child's name to:

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

- Witness must be someone 18 years of age or older and not related to the parent and child.
- By signing below, the witness attests he/she witnessed the signature of the other private guardian.

Signature of Other Private Guardian

Address of Parent City Province Postal Code

Date

Signature of Witness

Address of Witness City Province Postal Code

Print Name of Witness

Date

More on next page →

TO BE COMPLETED BY MOTHER/OTHER PARENT

- Witness must be someone 18 years of age or older and not related to the parent and child.
- By signing below, the witness attests he/she witnessed the signature of the mother/other parent.

I, _____, am the parent of:
(Print the full name of mother/other parent)

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

I consent to change the child's name to:

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

Signature of Parent

Address of Parent

City

Province

Postal Code

Date

Signature of Witness

Address of Witness

City

Province

Postal Code

Print Name of Witness

Date

TO BE COMPLETED BY FATHER/OTHER PARENT

- Witness must be someone 18 years of age or older and not related to the parent and child.
- By signing below, the witness attests he/she witnessed the signature of the father/other parent.

I, _____, am the parent of:
(Print the full name of father/other parent)

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

I consent to change the child's name to:

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

Signature of Parent

Address of Parent

City

Province

Postal Code

Date

Signature of Witness

Address of Witness

City

Province

Postal Code

Print Name of Witness

Date

SECTION K: NOTICE TO OTHER PARENT

TO BE COMPLETED BY APPLICANTS WITH A COURT ORDER OF SOLE CUSTODY

- Complete this Notice to Other Parent. Make a photocopy **before** you mail it.
- Enclose a completed copy of this Notice to Other Parent with this application.
- Send a completed copy of this Notice to Other Parent to the other parent by Canada Post registered mail with signature upon delivery.
- If the registered mail is returned as undeliverable, submit the returned envelope(s) and their contents to Vital Statistics.

Notice to Other Parent:

In the matter of an application for a change of name under *The Change of Name Act* by:

Name of Applicant

Address of Applicant

City

Province

Postal Code

For the following child:

Child's Current Last Name

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

After the change of name is processed, the child's name will be as follows:

Child's Proposed Last Name

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

Please take notice that an application has been made to legally change the name of your child. If you wish to oppose the proposed change of name, you must apply to the Court of Queen's Bench in Manitoba within 28 days of receipt of this notice for an order directing the Director of Vital Statistics not to register the change of name on the grounds that the change of name would not be in the best interest of the child.

Upon making an application to the Court of Queen's Bench, you must promptly notify the Director of Vital Statistics at
254 Portage Avenue, Winnipeg Manitoba R3C 0B6.

For additional information, contact Vital Statistics Agency at 204-945-3701 or 866-949-9296 (ask for Confidential Services).

Notice was sent by registered mail with signature upon delivery to:

Last Name

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

ADDRESS

Unit Number

Street Number

Street Name

PO Box

City/Town

Province/Territory/State

Country

Postal/ZIP Code

Date:

Registered Mail Tracking #:

Office Use Only

Enclosed Returned envelope(s) and Notice

