



APPLICATION FOR AN ADULT LEGAL CHANGE OF NAME

(Under *The Change of Name Act*)

NOTICE UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The Vital Statistics Branch is collecting your personal information pursuant to The Change of Name Act, CCSM c C50, in order to process, record and respond to your application. This collection is authorized under clauses 36(1)(a) and (b) of The Freedom of Information and Protection of Privacy Act, CCSM c F175 (FIPPA). Your personal information is protected under FIPPA's privacy provisions and will not be used or disclosed for any other purposes, except as authorized by law.

If you have any questions about this collection, please contact the Access & Privacy Coordinator for the Department of Public Service Delivery at privacy@gov.mb.ca.

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

ELIGIBILITY AND APPLICANT INFORMATION

Newly married or divorced?

You do NOT need to complete a legal change of name application to use your spouse's last name or to return to the last name prior to your marriage. To update your identification documents such as a drivers licence, passport, or service cards you need to contact the responsible agency directly and ask them what is required to change your surname as a result of marriage, divorce or death of a spouse.

Who is eligible to apply for an adult legal change of name:

A person who has resided in Manitoba for at least three months immediately before the date the application is submitted and who

- is 18 or more years of age;
- is younger than 18 years of age and married or in a common-law relationship; or
- is younger than 18 years of age and is a parent with custody of a child

Ineligible applicants:

Subject to subsection 2(5) of The Change of Name Act, a person cannot apply to change their name if they:

- have been convicted of a primary offence as defined in subsection 490.011(1) of the Criminal Code (Canada);
- have been designated a dangerous offender under section 753 of the Criminal Code of Canada;
- have been designated a long-term offender under section 753.1 of the Criminal Code Canada; or
- are a person who is listed on the National Sex Offender Registry.

Information about this application:

- Your application may be returned to you if required sections are incomplete or pages are missing.
- Vital Statistics Branch will not return Canadian birth/marriage/common-law documents. Other supporting documents may be returned to the applicant.
- Manitoba law requires that the adult who is applying to change their name must obtain a Certified Criminal Record Check by an authorized agency. After you submit this completed application to the Vital Statistics Branch they will provide you with a criminal record check information sheet. After you receive the information sheet, bring it with you to the authorized agency of your choice. Do not go to an authorized agency until you have the information sheet from Vital Statistics Branch.
- The Director of the Vital Statistics Branch can refuse your application if (a) requirements of The Change of Name Act are not met, (b) the proposed name may cause confusion to another person, or (c) the change appears improper or objectionable, (d) frequent name changes have occurred, (e) the criminal record checks discloses that the person was convicted of a designated offence.

How to apply:

- In person by appointment only, please call to book an appointment:

Telephone: 204-945-3701
Toll-Free (within Canada) 866-949-9296

OR

- Submit your application form, all supporting documents, and payment to:

Vital Statistics Branch
Attn: Legal Change of Name
254 Portage Avenue
Winnipeg MB R3C 0B6

Warning:

Any false or misleading statements 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.

SUPPORTING DOCUMENTATION REQUIREMENTS

What supporting documentation is required?

All applicants must complete a Legal Change of Name application form and submit it with:

Born in Canada

- All previously issued Birth Certificates
- Proof of Identity
- Proof of Residency

Born outside of Canada

- Canadian Citizenship Certificate or Permanent Resident Card
- Proof of Identity
- Proof of Residency

Proof of Identity - the identity document must:

- be valid and issued by a government body
- show your full legal 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

Proof of Residency - your residency document must:

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

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

Please refer to the Vital Statistics website at <http://vitalstats.gov.mb.ca> for a list of acceptable supporting documentation

Supporting documents must be:

- originals or confirmed copies (see below for how to confirm documents) and;
- translated into English or French by a certified translator.

How to confirm documents:

The person who witnesses signatures may also confirm the supporting documents submitted with this application.

To confirm documents:

- Present originals and the photocopies to the person who will witness signatures.
- 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.

Who can witness signatures and confirm documents?

The witness must be someone authorized in The Evidence Act of Manitoba and may be different if signed in Manitoba or outside of Manitoba. The following are some examples of witnesses if signed in Manitoba:

- A commissioner for oaths (available at the Vital Statistics Branch by appointment)
- 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

Please refer to the Vital Statistics website at <http://vitalstats.gov.mb.ca> for a list of eligible witnesses.

CERTIFIED CRIMINAL RECORD CHECK INFORMATION

OFFICE USE ONLY

Report Received

Clear Report

Month Day Year

Non-designated-offence

Never received

Designated offence

APPLICANT INFORMATION

This application for a Legal Change of Name is for:

Myself and:

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

Complete: Section A: Information about the person changing their name

Section B: Affidavit of Qualification and Good Faith

Section D: Fees

Another adult and:

- I am that adult's Committee under The Mental Health Act, or
- I am that adult's Substitute Decision Maker for personal care under The Adults Living with an Intellectual Disability Act, with authority to apply for a Legal Change of Name.

Complete: Section A: Information about the person changing their name

Section C: Committee/Substitute Decision Maker's Information and Affidavit

Section D: Fees

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.

SECTION A INFORMATION ABOUT THE ADULT CHANGING THEIR NAME

CURRENT NAME

Last Name on Identity document

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

Supporting Documentation Required:

Confirmed photocopy of Proof of Identity Document

The name provided must match the name on the proof of identity document.

OFFICE USE ONLY

PROPOSED NAME

- A new name must consist only of the following:
 - the letters "a" to "z" from the English or French language, including diacritics;
 - the following combinations of letters and diacritics: Á/á Ä/ä Å/ä Í/í Ì/ì Ñ/ñ Ó/ó Ò/ò Ö/ö Œ/œ Ú/ú Ý/ý
 - hyphen (-), apostrophe ('), colon (:), semi-colon (;), and period (.);

Last Name

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

Ryan

REASON FOR CHANGE

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

- Check this box if the reason for application relates to the individual being transgender, non-binary, gender-diverse, or two-spirit Indigenous, as the public notice requirement will not apply in those circumstances

SECTION A INFORMATION ABOUT THE ADULT CHANGING THEIR NAME

CURRENT RESIDENCE AND CONTACT INFORMATION		
Street Address		PO Box
City/Town	Province	Postal Code
Email Address	Daytime Phone Number	
Supporting Documentation Required: <input type="checkbox"/> Confirmed photocopy of Proof of Residency Document The current address must match the address on the proof of residency document.	OFFICE USE ONLY	

The adult who is changing their name must have **lived in Manitoba for the last three months**. If they have not lived at their current address for the last three months provide their previous addresses below and proof of residency document.

PREVIOUS RESIDENCE (in the last 3 months)		
Street Address		
City/Town	Province	Postal Code
Supporting Documentation Required: <input type="checkbox"/> Confirmed photocopy of Proof of Residency Document	OFFICE USE ONLY	

PREVIOUS RESIDENCE (in the last 3 months)		
Street Address		
City/Town	Province	Postal Code
Supporting Documentation Required: <input type="checkbox"/> Confirmed photocopy of Proof of Residency Document	OFFICE USE ONLY	

PREVIOUS RESIDENCE (in the last 3 months)		
Street Address		
City/Town	Province	Postal Code
Supporting Documentation Required: <input type="checkbox"/> Confirmed photocopy of Proof of Residency Document	OFFICE USE ONLY	

SECTION A INFORMATION ABOUT THE ADULT CHANGING THEIR NAME

BIRTH REGISTRATION INFORMATION

Last Name on birth record	First Name	Middle Name(s)
Date of birth Month Day Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> X	
Place of birth (Include city/town, province/state, and country)		
Parents Information		
Last Name on birth record	First Name	Middle Name(s)
Place of birth (province if born in Canada - country if born outside of Canada)		
Parents Information		
Last Name on birth record	First Name	Middle Name(s)
Place of birth (province if born in Canada - country if born outside of Canada)		
Supporting Documentation Required: <input type="checkbox"/> If born outside of Canada: Confirmed photocopy of Canadian Citizenship/ Permanent Resident card <input type="checkbox"/> If born in Canada: All previously issued birth certificates		OFFICE USE ONLY

PREVIOUS LEGAL CHANGES OF NAME

Complete this section if the adult who is changing their name previously had a legal change of name or election/resumption of surname.

- Do not include any names assumed through marriage
- Do not include any names changed through adoption

Previous Legal Change of Name Information

Name changed from: Last Name	First Name	Middle Name(s)
Name changed to: Last Name	First Name	Middle Name(s)

Previous Legal Change of Name Information

Name changed from: Last Name	First Name	Middle Name(s)
Name changed to: Last Name	First Name	Middle Name(s)

Supporting Documentation Required:

- Confirmed photocopy of all previous Change of Name documents

OFFICE USE ONLY

SECTION A INFORMATION ABOUT THE ADULT CHANGING THEIR NAME

MARITAL STATUS

Applicants current marital status is (check one):

- Never Married Married or separated In a registered Common-Law relationship Divorced Widowed

If currently married

Your spouse's last name on marriage certificate First Name Middle Name(s)

Date of Marriage Place of Marriage
Month Day Year

Supporting Documentation Required:

- If married in Canada: Original marriage document
 If married outside of Canada: Confirmed photocopy of marriage document

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If previously married

Your spouse's last name on marriage certificate First Name Middle Name(s)

Date of Marriage Place of Marriage
Month Day Year

Supporting Documentation Required:

- Original marriage document if marriage occurred in Canada
 Confirmed photocopy of marriage document if marriage occurred outside Canada

OFFICE USE ONLY

If previously married (if more then two previous marriages provide details on a separate sheet of paper)

Your spouse's last name on marriage certificate First Name Middle Name(s)

Date of Marriage Place of Marriage
Month Day Year

Supporting Documentation Required:

- Original marriage document if marriage occurred in Canada
 Confirmed photocopy of marriage document if marriage occurred outside Canada

OFFICE USE ONLY

If in a registered common-law relationship

Your partner's last name First Name Middle Name(s)

Date registered Place registered
Month Day Year

Supporting Documentation Required:

- Original common-law document if registered in Canada
 Confirmed photocopy of common-law document if registered outside Canada

OFFICE USE ONLY

SECTION A INFORMATION ABOUT THE ADULT CHANGING THEIR NAME

ACKNOWLEDGEMENT AND AUTHORIZATION TO VERIFY DOCUMENTS

1. I understand that all adults applying for a legal change of name must obtain a Certified Criminal Record Check-Other processed through an authorized agency. I understand that, subject to subsection 2(5) of The Change of Name Act, any adult changing their name in this application is not eligible to legally change their name if any of the following apply to them:
 - have been convicted of a primary offence as defined in subsection 490.011(1) of the Criminal Code (Canada);
 - designated a dangerous offender under section 753 of the Criminal Code of Canada;
 - designated a long-term offender under section 753.1 of the Criminal Code Canada; or
 - a person who is listed on the National Sex Offender Registry.
2. I understand that a Legal Change of Name is public information and is published in the Manitoba Gazette unless the reason for my application relates to being transgender, non-binary, gender-diverse or two-spirit Indigenous and I have made the declaration on the Affidavit of Qualification and Good Faith. The Legal Change of Name may be shared with federal, provincial, and municipal governments departments, law enforcement agencies and Crown corporations, including the Manitoba Public Insurance Corporation, Elections Manitoba, Elections Canada, other vital statistics agencies and police services, and I authorize the Vital Statistics Branch to do so.
3. I authorize Vital Statistics Branch to verify the documents (e.g. Identity Document, Residency Document, Name Document, Certified Criminal Record Check report) submitted to support this application with the documents' issuing authority where required. 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 Branch for the purpose of verifying the document.
4. 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.
5. 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.
6. 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.
7. I understand this Legal Change of Name may impact my identification documents and/or benefits.
8. I understand that it is an offence to obtain a Legal Change of Name by fraud or misrepresentation.

Applicant's current full legal name, as shown on Identity Document in Section A

Applicant's Signature

Date

SECTION B APPLICANT'S AFFIDAVIT OF QUALIFICATION AND GOOD FAITH

This declaration is to be completed by the applicant and must be witnessed and signed by someone authorized in The Evidence Act of Manitoba (see page 2 for who can witness your declaration).

I, _____ solemnly affirm that:
(Applicant's current full legal name, as shown on Identity Document in Section A)

1. 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.
 2. (check if applicable) I am requesting a waiver of public notice as the reason for my application relates to being transgender, non-binary, gender-diverse, or two-spirit Indigenous.
 3. I have continuously resided in Manitoba for the last three months immediately before the date of this application.
 4. The information provided in this application is true and complete to the best of my knowledge.
 5. I am making this application in good faith and not for any improper purpose.
 6. I am not listed on the National Sex Offender Registry.
 7. I have not been convicted of a designated offence, as defined in The Change of Name Act; or
 8. I have been convicted of a designated offence but am seeking an exemption.

Affirmed before me at

, Manitoba

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)

SECTION C COMMITTEE/SUBSTITUTE DECISION MAKER INFORMATION AND AFFIDAVIT

This section is to be completed by the Committee or Substitute Decision Maker for the adult applying to change their name.

Last Name	First Name	Middle Name(s)
Street Address	PO Box	
City/Town	Province	Postal Code
Email Address	Daytime Phone Number	

Supporting Documentation Required:

- Confirmed photocopy of Committee/Substitute Decision Makers Identity document
 Documentation that appoints you as the Committee/Substitute Decision Maker

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COMMITTEE/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

1. I was appointed Committee of _____ (the adult whose name is being changed) under The Mental Health Act and continue to be their 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 Adults Living with an Intellectual Disability Act*. One of the powers given to me in this appointment is the power to apply for a Legal Change of Name for them, (certified/notarized copy of the appointment document enclosed).
2. I have examined the birth certificate of the adult whose name is being changed and confirm that they are 18 or more years of age.
3. I have known the adult whose name is being changed for at least three months and confirm that they continuously resided in Manitoba for the last three months immediately before the date of this application.
4. The information provided in this application is true and complete to the best of my knowledge.
5. 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
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: _____

X

Committee/Substitute Decision Maker's signature

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

Type: _____

SECTION D DOCUMENTS AND FEES

The Vital Statistics Branch fee for a Legal Change of Name in Manitoba is: \$120.07

This includes

\$100.00 - Vital Statistics Branch Legal Change of Name fee and a Certificate of Change

\$20.07 - Manitoba Gazette fee (not required if the request for waiver of public notice is included with this application)

Additional Family Members \$70.07

\$50.00 - Vital Statistics Branch Legal Change of Name fee and a Certificate of Change

\$20.07 - Manitoba Gazette fee (not required if the request for waiver of public notice is included with this application)

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 separate application forms for each additional person. All applications must be received together to qualify for the discounted fee.

Please Note:

After completing this Legal Change of Name, you must contact the jurisdiction in which you were born/married/or had children to obtain a new birth/marital status certificate showing your new name.

I was **born in Manitoba** and am also applying for:

Manitoba Birth certificate: \$30.00

Indicate which type of birth certificate(s) - (each certificate is \$30.00)

- Birth Certificate with parents names
- Birth Certificate without parents names
- Birth Certificate with parents names that does not display sex
- Birth Certificate without parents names that does not display sex

I was **married in Manitoba** and am applying for:

Marriage certificate \$30.00

Marriage certificate that does not display sex \$30.00

I have **children that were born in Manitoba** and am applying for:

Change of Name amendment on my child's birth registration \$30.00

My child's birth certificate (complete an application for a birth document) \$30.00

Certified Criminal Record Check Fees:

Vital Statistics Branch does not set the Certified Criminal Record Check fees, which may vary depending on which authorized agency you use. The applicant is responsible for making this payment directly to the authorized agency.

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 Branch to charge to my card \$ _____

_____ Credit card number

Expiry date

Name on Credit Card

Cardholder's signature