



THE SUPREME COURT OF THE NORTHWEST TERRITORIES

PRACTICE DIRECTION

Procedure on Change of Name Applications

This Practice Direction applies where a person wanting to apply for a change of name for a child seeks to dispense with the consent of someone whose consent is required pursuant to the Change of Name Act.

Section 7. (4) (“Written Consent”) of the *Change of Name Act* reads:

7. (4) An applicant under subsection (2) shall obtain the written consent of
- (a) any other person who has lawful custody of the child;
 - (b) any parent who is lawfully entitled to access to the child;
 - (c) the child, where the child is 12 years of age or older; and
 - (d) the applicant’s spouse, where the applicant’s spouse is not a parent of the child and the application is to change the child’s surname to that of the applicant’s spouse or to a hyphenation or combination of the surnames of the spouses.

Section 9.(5)(b)(ii) (“Material to be Submitted”) of the *Change of Name Act* reads:

- 9.(5) An applicant shall submit with a change of name application, in respect of each person for whom a change of name is requested,
- (b) where the person is a child,
 - (ii) the written consent required under subsection 7(4), or a certified copy of a court order dispensing with the consent,

The Act clearly contemplates that before an application can be made to the Registrar General, the dispensing order must be obtained. The Court is to determine the application in accordance with the best interests of the child. [s.8(2)]

Sections 6, 7, and 9 of the Act set out a list of detailed information that must be submitted to the Registrar General on an application for change of name, including that which would establish his or her jurisdiction to receive the application. The Act also requires that the applicant submit a statutory declaration stating, among other things, the full present and proposed name of the child, the child's date of birth, that the applicant has lawful custody, the reason for the application and that it is being made in good faith.

Commonly, applications for change of name are made by persons who are self-represented. The Court has been confronted with several applications under s.9(5)(b)(ii) where the information provided is entirely deficient and does not allow a judge to make an assessment of what might be in the best interests of the child. To give proper consideration to such an application the Court should have before it all the information that the Registrar would have in the first instance.

Given the reality of self-represented applicants appearing on these applications (often by telephone), unless and until the legislation is amended, the Court now directs that any person applying for an order under s.9(5)(b)(ii) must also submit a copy of the Application for Change of Name that he or she intends to submit to the Registrar General and this shall be in the form available on the Government of the Northwest Territories, Department of Health and Social Services website. The form is also attached to this Practice Direction. As well, in the affidavit in support of the application to dispense with consent, the applicant shall explain why he or she feels it is in the best interests of the child to dispense with consent.

The Declaration at the end of the form attesting to the truth, accuracy and completeness of the Application for Change of Name must be sworn before a person authorized to administer oaths in the Northwest Territories. In addition, the applicant shall submit an affidavit in which he or she undertakes to file the copy of the Application for Change of Name within 60 days (or such other period as the Court may deem appropriate) of the date of the Order dispensing with consent, if granted. Further, the applicant shall serve notice of the application on the other parent of the child or anyone who has joint custody of the child and file an affidavit of service prior to the return of the application.

In cases in which the whereabouts of the party to be served is unknown or where there is another valid reason, the Court may dispense with service or grant an order for substituted service where the applicant applies for this relief. A separate application need not be filed but the reasons for applying for the relief sought shall be set out in an affidavit.

On an Application for Change of Name to the Registrar General, original birth certificates or certified copies of other documentation must be submitted. For the purpose of applications to dispense with consent, the Court will accept legible photocopies. Fees ordinarily payable to the Registrar General need not be submitted.

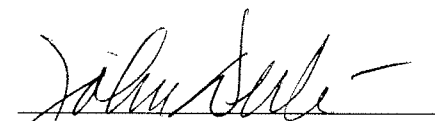
The Order to dispense with consent would only be valid for a period of 60 days or such other period as the Court, in its discretion, may deem appropriate and should the applicant fail to file the

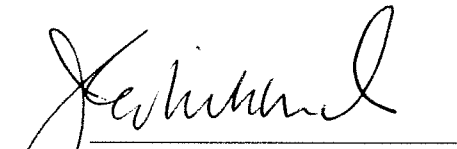
Application for Change of Name within the prescribed time limit, he or she would be required to re-apply to the Court.

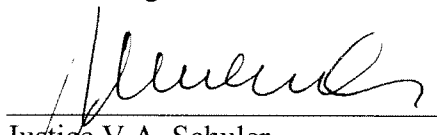
In summary, on an application to dispense with the consent of a parent or other person having legal custody of a child, the person applying must submit the following material:

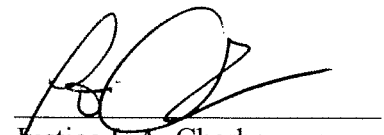
1. Legible photocopy of the Application for Change of Name with the Declaration sworn before a person authorized to administer oaths.
2. Legible copy of the birth certificate of the child.
3. Original affidavit of the applicant undertaking to file the Application for Change of Name with the Registrar General within 60 days of the date of the Order dispensing with consent or such other period as the Court may order. The affidavit shall also contain the applicant’s explanation of why he or she feels that dispensing with the consent is in the best interests of the child.
4. Affidavit of service upon the person whose consent is to be dispensed with providing notice of the application to dispense with consent along with a true copy of the Application for Change of Name and the affidavit undertaking to file the application within 60 days of the date of the Order.
5. Where service is not feasible or desirable, an affidavit in which the applicant provides reasons why he or she is seeking to dispense with service or to serve the true copy of the Application for Change of Name substitutionally. This information need not be set out in a separate affidavit and may be contained in the affidavit referred to in item # 3 above.

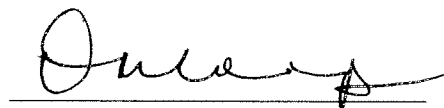
Issued this 2nd day of November, 2009, by direction of the judges of the Supreme Court of the Northwest Territories.


 Justice J.Z. Vertes,
 Senior Judge


 Justice J.E. Richard


 Justice V.A. Schuler


 Justice L.A. Charbonneau


 Justice D.M. Cooper



DOCUMENT CHECKLIST

APPLICATION FOR CHANGE OF NAME

You must send the following documents in with your application form.

There will be delays in processing your application if you do not include all the required documents

Check each box once you enclose the item.

<p>1. Application for Change of Name</p> <p>An applicant must complete the form. This could be the person changing his/her own name OR a parent applying to change his/her child's name OR both. Make sure all sections are completed. Contact the Vital Statistics Office if you have any questions before you submit your application.</p>	<input type="checkbox"/>
<p>2. Birth Certificate</p> <p>Provide an original birth certificate for each person born in Canada who is applying to change his/her name in the above application form. These birth certificates will not be returned. (If born outside Canada, provide certified copies of immigration papers, permanent resident card or citizenship card.)</p>	<input type="checkbox"/>
<p>3. Consent of Parent or Legal Guardian and Child (If Applicable)</p> <p>Any person who has lawful custody of or access to a child must complete a consent form for a child's change of name. The child's written consent is required if the child is 12 years of age or older. If the child's last name changes to that of the spouse, the spouse's consent is also required.</p> <p>Note: An applicant may be required to provide documentation to show that he/she has legal custody of the child(ren).</p>	<input type="checkbox"/>
<p>4. Fees</p> <p>All fees must be included with the application.</p>	<input type="checkbox"/>
<p>5. This Document Checklist</p>	<input type="checkbox"/>



Application for Change of Name

Help note 1

Print the names that appear on your birth certificate if born in Canada. If born outside of Canada, print the names that appear on your most recently issued government identity document.

“Surname” is your last name or family name.

Help note 2

Make sure to print the name exactly the way you want it.

If you were born in Canada, this is the name that will appear on your new birth certificate.

**Questions?
Call
Vital Statistics
1-800-661-0830**

A. Information about the person applying (See help note 1 on the left)

What is your first name?		Gender (M/F)
What are your middle names?		
What is your surname (last name or family name)?		
Mailing Address: (street number and street name)		
PO Box Number	Community	Postal Code
Home phone number ()	Work phone number ()	Email address
Are you ordinarily a resident of the Northwest Territories (NWT)? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long have you lived in the NWT? _____ Years OR _____ Months
Have you lived in the NWT for at least three months in a row in the 12 months before the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Canadian citizen or a permanent resident or otherwise legally entitled to remain in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Where were you born?

Community	Territory/Province	Country	Date of Birth - mm/dd/yy
-----------	--------------------	---------	--------------------------

What are your parents' names? Full names of your parents (including mother's surname at birth) and their places of birth.

Father: First Name		Surname
Place of Birth		
Mother: First Name		Surname
Place of Birth		

B. To be completed if the person in section A is applying to change own name (See help note 2 on the left)

What do you want your new name to be?

First Name
Middle Name(s)
Surname

For Office Use Only. Please do not write anything in this box.

Change of name registration number:	Change of name registration date: mm/dd/yy	Approved by:
-------------------------------------	--	--------------

Help note 3

Print the names that appear on your spouse's birth certificate if born in Canada. If born outside of Canada, print the names that appear on the most recent government issued identity document.

C. To be completed if the person in section A is married or is living in a common-law relationship
 (See help *note 3* on the left)
What is the full name of your spouse now?

First Name

Middle Names

Surname

Has your spouse been known by former names? If yes, list all:

First Name

Middle Names

Surname

First Name

Middle Names

Surname

Date of Marriage or date common-law relationship started: (mm/dd/yy)

Place of Marriage or of start of common-law relationship:

D. To be completed if you are making a joint application to also change the name of spouse or common-law partner and children
 (See help *note 4* on the left)
What name does your spouse want to have?

First Name

Middle Name(s)

Surname

Where was your spouse born?

Community

Territory/Province

Country

Date of Birth - mm/dd/yy

What is your spouse's current address?

What are the full names of your spouse's parents (include your spouse's mother's surname at birth) and their places of birth.

Father: First Name

Surname

Place of Birth

Mother: First Name

Surname

Place of Birth

Is your spouse ordinarily a resident of the NWT?

 Yes No

How long has your spouse lived in the NWT?

_____ Years OR _____ Months

Has your spouse been living in the NWT for at least three months in a row during the 12 months before this application? Yes NoIs your spouse a Canadian citizen or a permanent resident or otherwise legally entitled to remain in Canada? Yes No
Section E will allow you to apply to change the name of a child or children in your lawful custody.
If you do not wish to change the name of a child or children, go directly to Section F.
Help note 4

You do not need to complete a change of name application if your spouse just wants to use your surname.

By completing this form, your spouse's name will be changed on his/her birth certificate.

If you just want to use your spouse's surname, contact Vital Statistics for information.

**Questions?
Call**

**Vital Statistics
1-800-661-0830**

Help note 5

You must have the **written consent** and include the name and address of any other person who has lawful custody of the child or who has legal access to the child.

If the child is 12 years of age or older, he/she must also give you written consent for this name change.

Help note 6

Print name carefully. The name you enter here will appear on your child's new birth certificate.

**Questions?
Call
Vital Statistics
1-800-661-0830**

E. To be completed for each unmarried child under nineteen (19) years of age whose name is to be changed: (See help *note 5* on the left)

If you are not the only person with custody of the child(ren) named below you must:

1. attach to this Change of Name application a copy of the custody agreement for each child; and
2. include, below, the name and address of any other person who has lawful custody of each child included in this application. *Attach a separate piece of paper if there is more than one other person who has lawful custody of the child(ren) named below.*

First Name of Person with Lawful Custody of the Child		Last Name of Person with Lawful Custody of the Child	
Mailing Address: (street number and street name)			
PO Box Number	Community	Territory/Province	Postal Code
1. What is the name of this child now?			
First Name		Middle Name(s)	
Surname			
Where was this child born?			
Community	Territory/Province	Country	Date of Birth - mm/dd/yy
Is this child ordinarily a resident of the NWT? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long has this child lived in the NWT? _____ Years OR _____ Months	
What is the name you want this child to have? (See help <i>note 6</i> on the left)			
First Name		Middle Name(s)	
Surname			
My relationship to this child:		Address of child:	
2. What is the name of this child now?			
First Name		Middle Name(s)	
Surname			
Where was this child born?			
Community	Territory/Province	Country	Date of Birth - mm/dd/yy
Is this child ordinarily a resident of the NWT? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long has this child lived in the NWT? _____ Years OR _____ Months	
What is the name you want this child to have? (See help <i>note 6</i> on the left)			
First Name		Middle Name(s)	
Surname			
My relationship to this child:		Address of child:	

Help note 6

Print name carefully. The name you enter here will appear on your child's new birth certificate.

Help note 7

Include the reason for the change of name for each person included in this application.

You can attach a separate piece of paper to the application if you need to.

Questions?
Call
Vital Statistics
1-800-661-0830

3. What is the name of this child now?

First Name		Middle Name(s)	
Surname			
Where was this child born?			
Community	Territory/Province	Country	Date of Birth - mm/dd/yy
Is this child ordinarily a resident of the NWT? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long has this child lived in the NWT? _____ Years OR _____ Months	

What is the name you want this child to have? (See help *note 6* on the left)

First Name		Middle Name(s)	
Surname			
My relationship to this child:		Address of child:	

4. What is the name of this child now?

First Name		Middle Name(s)	
Surname			
Where was this child born?			
Community	Territory/Province	Country	Date of Birth - mm/dd/yy
Is this child ordinarily a resident of the NWT? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long has this child lived in the NWT? _____ Years OR _____ Months	

What is the name you want this child to have? (See help *note 6* on the left)

First Name		Middle Name(s)	
Surname			
My relationship to this child:		Address of child:	

F. a) I request this change of name for the following reasons: (See help *note 7* on the left)

b) i. Have you ever applied to change your name before? Yes No

If yes, on or about what date did you change your name? - mm/dd/yy

<p>Help note 8</p> <p>For each person who is applying for a name change that has had a name change before, provide the following information:</p> <ul style="list-style-type: none"> list the old name; the new name; when the change of name was filed; and where the name was legally changed (for example, in Alberta, in the NWT or in another country). <p>You can attach a separate piece of paper to the application if you need to.</p> <p>Questions? Call Vital Statistics 1-800-661-0830</p>	<p>Please provide the details of each name change:</p>
	<p>What was your name before you changed it?</p>
	<p>What was your name after you changed it?</p>
	<p>Where did you change your name?</p>
	<p>b) ii. Has anyone who is applying for a name change in this application applied for a change of name before? (See help <i>note 8</i> on the left) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Please provide details for each person who has had a legal change of name before.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

DECLARATION

I solemnly declare that the statements made by me in this form and in the supporting documents are true and complete, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath or by affirmation.

I understand that upon registration of this Change of Name application, information concerning any person 12 years of age or over will be shared with other government and law enforcement agencies.

The statements made by me in this Change of Name application are true to the best of my knowledge and the application is made by me in good faith and for no improper purpose.

If this application includes minor children,

- I have lawful custody of the children;
- I know of no court order or parental or separation agreement that prohibits the change of name requested;
- If an order or agreement exists that imposes conditions in respect of a change of name, I have attached the details of the conditions;
- I have attached all written consents required under the *Change of Name Act*.

Declared before me

at _____, } _____
in the Northwest Territories, } Signature of Applicant

this _____ day of _____, 20____, } _____
} Signature of Spouse (if this is a joint application)

Commissioner for Oaths, Notary Public, Justice of the Peace for the Northwest Territories

My commission expires on the _____, 20____.

The personal information on this form is being collected under the authority of the *Change of Name Act* and will be used to register an eligible change of name. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection or use, contact the Registrar General of Vital Statistics at 1-800-661-0830.



Consent Required Under the Change of Name Act

Help note 1

Fill out this form if you consent to the child's name being changed to the name shown in section C to the right.

The name of a child cannot be changed unless you agree or if a court decides it is in the best interest of the child.

"Surname" is your last name or family name.

A. To be completed by the person whose consent is required for a child's legal change of name

(See help *note 1* on the left)

What is your first name?	What are your middle names?	What is your surname (last name or family name)?
--------------------------	-----------------------------	--

Mailing Address: (street number and street name)

PO Box Number	Community	Territory/Province	Postal Code
---------------	-----------	--------------------	-------------

Home phone number ()	Work phone number ()	Email address
--------------------------	--------------------------	---------------

- I share lawful custody of the child with the person applying for the name change, or
- I am a parent of the child below and am legally entitled to access to the child, or
- I am the spouse of the person applying for the change of name, but am not a parent of the child, and agree for the child to have my surname or a combination of our surnames.

I, _____, (print full name)

consent to the proposed name change of the child (see section C below).

x _____
Signature Date - mm/dd/yy

Help note 2

The witness can be anyone who knows you agree to the name change of the child and who saw you sign this form.

B. Witness signature

(See help *note 2* on the left)

_____	_____
Print Name	Witness phone number (day time)

x _____
Witness Signature Date - mm/dd/yy

Help note 3

The person who is applying for the child's name to be changed completes section C.

C. Details of the Change of Name request for Child (to be completed by the applicant)

(See help *note 3* on the left)

From name the child has now:

First Name	Middle Names	Surname
------------	--------------	---------

To this new name: (See help *note 4* on the left)

First Name	Middle Names	Surname
------------	--------------	---------

Applicant's Name (Print)

x _____
Applicant's Signature Date - mm/dd/yy

Questions?
Call

Vital Statistics
1-800-661-0830

The personal information on this form is being collected under the authority of the *Change of Name Act* and will be used to register an eligible change of name. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection or use, contact the Registrar General of Vital Statistics at 1-800-661-0830.



Consent of Child 12 Years of Age or Over

<p>Help note 1</p> <p>Fill out this form if you are 12 years of age or older and consent to your name being changed to the name in section C.</p> <p>“Consent” means that you agree with the name change.</p> <p>Print the name you use now.</p> <p>“Surname” is your last name or family name.</p>	<p>A. To be completed by a child whose consent is required for a change of name (See help <i>note 1</i> on the left)</p> <p>What is your first name?</p> <p>What are your middle names?</p> <p>What is your surname (last name or family name)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date of Birth - mm/dd/yy</td> <td style="width: 50%;">Phone Number ()</td> </tr> </table> <p>I, _____, (print full name) consent to my name being changed to the name below. (See section C and help <i>note 4</i> on the left)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">x _____ Signature of Child</td> <td style="width: 30%;">_____ Date - mm/dd/yy</td> </tr> </table>	Date of Birth - mm/dd/yy	Phone Number ()	x _____ Signature of Child	_____ Date - mm/dd/yy				
Date of Birth - mm/dd/yy	Phone Number ()								
x _____ Signature of Child	_____ Date - mm/dd/yy								
<p>Help note 2</p> <p>A witness can be any adult (except the person who completes section C) who knows you agree to your name being changed in section C and who saw you sign this form.</p>	<p>B. Witness Signature (See help <i>note 2</i> on the left)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Print Name (Witness)</td> <td style="width: 30%;">Phone Number (Day) ()</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">x _____ Signature of Witness</td> <td style="width: 30%;">_____ Date - mm/dd/yy</td> </tr> </table>	Print Name (Witness)	Phone Number (Day) ()	x _____ Signature of Witness	_____ Date - mm/dd/yy				
Print Name (Witness)	Phone Number (Day) ()								
x _____ Signature of Witness	_____ Date - mm/dd/yy								
<p>Help note 3</p> <p>The person who is applying for your name to be changed completes section C.</p> <p>This is the name that someone has applied for you to have.</p>	<p>C. Details of the Change of Name request for Child (to be completed by the applicant) (See help <i>note 3</i> on the left)</p> <p>From name child has now:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 33%;">Middle Names</td> <td style="width: 33%;">Surname</td> </tr> </table> <p>To this new name: (See help <i>note 4</i> on the left)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 33%;">Middle Names</td> <td style="width: 33%;">Surname</td> </tr> </table> <p>Applicant's Name (Print)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">x _____ Applicant's Signature</td> <td style="width: 30%;">_____ Date - mm/dd/yy</td> </tr> </table>	First Name	Middle Names	Surname	First Name	Middle Names	Surname	x _____ Applicant's Signature	_____ Date - mm/dd/yy
First Name	Middle Names	Surname							
First Name	Middle Names	Surname							
x _____ Applicant's Signature	_____ Date - mm/dd/yy								
<p>Help note 4</p> <p>This is the name that will appear on your new birth certificate.</p> <p>Questions? Call Vital Statistics 1-800-661-0830</p>									

The personal information on this form is being collected under the authority of the *Change of Name Act* and will be used to register an eligible change of name. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection or use, contact the Registrar General of Vital Statistics at 1-800-661-0830.

SEND PAYMENT AND APPLICATION FORM TO:

Registrar General of Vital Statistics
Department of Health and Social Services
Government of the NWT
Bag #9 (107 Mackenzie Road / IDC Building, 2nd Floor)
Inuvik, NT XOE OTO

Phone: (867) 777-7420
Toll Free: 1-800-661-0830
Fax: (867) 777-3197 (use only if paying by credit card)