

**Important Information**

Use this request to change a name for a person to a single name that is determined in accordance with the person's traditional culture. Complete and submit this Request along with evidence supporting the single naming practice (see Section D) with the application to Change an Adult's Name or application to Change a Child's Name.

**Print clearly in blue or black ink. This is a permanent legal record.**

**Section A: About the Applicant** (The person applying to change the name)

Name - Current legal name

Last Name or Single Name

First Name

Middle Name(s)

Mailing Address

Unit Number

Street Number

Street Name

PO Box

City/Town/Village

Province/Territory

Country

Postal/Zip Code

Daytime Telephone Number (including area code)

**Section B: About the Requested Name Change**

Current Name of the person whose name is being changed

Last Name or Single Name

First Name

Middle Name(s)

**Note:** This name must match the evidence submitted in Section D as well as the name listed on Page 1 of the change of name application form.

Requested Single Name

Date of Birth (yyyy/mm/dd)

Place of Birth (City/Town/Village, Province/Territory/State, Country)

**Section C: About the request**

I certify that:

1. I am (**check one box**):

- ☐ a person 16 years of age or older; I identify as a member of a traditional culture with a single naming practice; I am seeking to change my name to a single name.
- ☐ a parent with legal custody of my child; I identify as a member of a traditional culture with a single naming practice; I am seeking to change my child's name to a single name.
- ☐ a parent with legal custody of my child; my child identifies as a member of a traditional culture with a single naming practice; I am seeking to change my child's name to a single name.
- ☐ a person with legal custody of the child; I am not the child's parent, the child identifies as a member of a traditional culture with a single naming practice; I am seeking to change the child's name to a single name.

2. The traditional culture referenced in 1 (above) that has a single naming practice is

\_\_\_\_\_  
Name of the Traditional Culture

3. The single name requested in Section B of this Request is determined in accordance with this traditional culture.

4. The statements made on this Request are true and correct and I am aware it is an offence to wilfully make false statements.

Signature

Date (yyyy/mm/dd)

## Section D: Evidence in Support of the Single Name Request

I am providing the following evidence in support of the Single Name Request (**check one box**):

- ☐ a photocopy of a birth certificate or a certified copy of a birth registration with a single name (issued by Ontario, another jurisdiction or an Indigenous community) in respect of either the child's parent or the child.
- ☐ a photocopy of an Ontario Change of Name certificate with a single name of the child's parent.
- ☐ a third-party confirmation that the traditional culture has a single naming practice (complete Section E of this Request).

## Section E: Third-party Confirmation the Traditional Culture has a Single Naming Practice

(Complete only if selected in Section D)

### Instructions to Applicant

Find an applicable non-profit cultural organization, Indigenous community, or an academic and ask them to confirm that the traditional culture you identified in Section C of this Request has a single naming practice by completing the Confirmation below.

### Third parties that may confirm that a traditional culture has a single naming practice

Organization	Who is considered a representative	What information the representative needs to provide
<b>Non-profit cultural organization</b> Registered non-profit organizations in Canada, including settlement agencies, cultural centres, churches, as verified on the <a href="#">Canada Revenue Agency Charities Listing website</a> .	An officer of the organization (e.g., director, president, treasurer, financial officer, secretary)	<ul style="list-style-type: none"><li>- The traditional culture the organization represents</li><li>- Name of organization</li><li>- Mailing address of organization</li><li>- Telephone number of organization</li><li>- Registration number of organization (from the <a href="#">Canada Revenue Agency Charities Listing website</a>)</li><li>- Representative's name, title, signature, and the date signed</li></ul>
<b>Indigenous community/organization</b> An Indigenous community or an organization representing Indigenous people	A leader or person able to represent the community (e.g., Chief or Band Leader)	<ul style="list-style-type: none"><li>- The traditional culture the community represents</li><li>- Name of community</li><li>- Mailing address of community</li><li>- Telephone number of community</li><li>- Band number of community, if applicable</li><li>- Representative's name, title, signature, and the date signed</li></ul>
<b>Academic</b> A scholar with expertise in a specific traditional culture or in naming practices or a related field, who has an affiliation to an institute of higher education (e.g. college, university)	An academic with knowledge or expertise in a specific traditional culture or in naming practices or a related field	<ul style="list-style-type: none"><li>- The traditional culture he/she is knowledgeable about</li><li>- Name of institution</li><li>- Mailing address of academic at institution</li><li>- Telephone number of academic at institution</li><li>- Department name at institution</li><li>- Academic's name, title, signature, and the date signed</li></ul>

### Confirmation Statement by Third-Party

By signing this confirmation, I, \_\_\_\_\_, am representing  
Name and Title

the non-profit cultural organization, Indigenous community/organization or am an academic affiliated with an institute of higher education, as described in Section E of this Request.

I confirm that \_\_\_\_\_ (identified in Section C) has a single naming practice.  
Name of Traditional Culture

1. Name of non-profit cultural organization, Indigenous community or academic institution

2. Mailing address of organization, Indigenous community or academic

Unit Number

Street Number

Street Name

PO Box

City/Town/Village

Province/Territory

Country

Postal/Zip Code

3. Telephone number of non-profit cultural organization, Indigenous community or academic (including area code)

4. Business registration number, Band number (if applicable) or department name

Signature

Date (yyyy/mm/dd)

**You may be contacted to verify the information contained in this Confirmation and that you have signed this Confirmation on behalf of the person named in Section A or B.**

## **Section F: Translations of documents that are not in English or French**

If all or part of a document sent in support of your change of name application is not written in English or French, you must send us an English or French translation. If a translation is required, your application must include:

- a complete photocopy of the document requiring translation;
- a complete photocopy of the translation of the original document; and
- an original written declaration from one of the following:
  - 1) A professional translator, who indicates their professional status as a translator (this declaration is not required to be sworn); or
  - 2) A person who is not a professional translator (this declaration must be sworn in front of a commissioner for taking affidavits).

The translator's original written declaration must state:

- The translator understands English or French and the language of the original document; and
- The translator is of the opinion that the translation is complete and correct.

If the translator's original written declaration appears on the translation of the original document, the translation of the original document must be submitted in its original form. A photocopy will not be accepted.

**Photocopies and translator's declarations will not be returned, unless an original with the written declaration is submitted.**

Personal information contained on this application and other documents submitted with this application is collected under the authority of the *Change of Name Act*, R.S.O. 1990, c. C.7, as amended, and may be used to register and record births or changes of name, provide certified copies, extracts, certificates, search notices, photocopies; and for statistical, research, law enforcement, adoption and adoption disclosure purposes. It is an offence to wilfully make or cause to be made a false statement on this application and other documents submitted with this application. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, PO Box 4600, 189 Red River Road, Thunder Bay ON P7B 6L8. Telephone: 1-800-461-2156 or 416-325-8305, TTY Toll-free: 1-800-268-7095 or TTY Toronto: 416-325-3408.