

Person submitting notification	Office Use only
Name:	Received:
Telephone #:	Data entered:
Email:	Date called:

- **Please print.**
- Provide **full** addresses: number, apt., street, city, province and postal code.
- If changing your name please provide full middle name **no initials**.

Previous legal name(s)	New legal name(s)
Legal surname (last name):	Date of change:
Legal first name(s):	Legal surname (last name):
Middle name:	Legal first name(s):
	Middle name:
Will you be keeping your maiden name as a middle name?	N/A Yes No
Will you be keeping your maiden name as part of your last name?	N/A Yes No
*Notary Public name change? Please contact the office for new specimen cards. 204-945-2654	

Previous home address	New home address
	Date of change:

Previous place of employment/business/organization	New place of employment/business/organization
	Date of change:

What is your new position?

Previous phone numbers	New phone numbers
	Date of change:
W: C:	W: C:

I declare that all changes made in this notification are true.

Date:

 (Signature)