



Change of Name Notice

Lena Zoe, Enrollment Coordinator

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Please print, and provide your signature below.

1. Currently Registered under the name as:

Name: _____		
First Name	Middle Name	Last Name

2. Provide the following info:

Date of Birth: (day /month/ year/)	Health Care #:
Treaty Status #:	Birth Certificate Registration #:

Changed name to:

Name: _____		
First Name	Middle Name	Last Name

3. Reason for Name Change (check one):

<input type="checkbox"/> MARRIAGE (please attach copy of marriage certificate)
<input type="checkbox"/> DIVORCE (please attach copy)
<input type="checkbox"/> OTHER (please attach supporting documentation)

4. Signature

I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily to update my name information.		
Name: _____		
Print Name	Signature	Date

5. Return this form to by email, fax, or mailing address below:

- a. Email: lenazoe@tl̨icho.com
- b. Fax: 867.392.6884
- c. Mailing address: C/O Enrollment, PO Box 412, Behchokò, NT X0E 0Y0