



Change of Name Notice

Enrolment, Department of Client Services

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This notice form will change your name on your Tłıchq Citizen file.

1. I am currently registered under the following name as:

Name:

2. Provide the following info:

Date of Birth:

(day /month/ year/)

Health Care #:

Treaty Status #:

Birth Certificate
Registration #:

3. Changed my name to the following:

Name:

4. Reason for Name Change (check one):

MARRIAGE (please attach copy of marriage certificate)

DIVORCE (please attach copy)

OTHER (please attach copies of supporting documentation)

5. Signature Tłıchq Citizen:

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 citizen file.

Print Name

Signature

Date

Return this form Enrolment Coordinator by email, fax or mailing address listed above.

Complete all information requested on this form. Request must be completed in full to avoid any delays in processing. Enrolment Coordinator may request additional information to process request.