

**APPLICATION FOR CERTIFICATE OR SEARCH FOR A
CHANGE OF NAME (UNDER THE CHANGE OF NAME ACT)**

Applicant contact information			
Given names		Surname	
Phone		Email	
Mailing address			
Unit # (optional)	Street number and name, or P.O. box number		
City or town		Province or territory	Postal code
Relationship to the person named on the certificate			
Reason for application			

Certificate information		
Given name at birth	Surname at birth	
New given name	New surname	
Place of birth	Date of birth YYYY-MM-DD	Date of change of name YYYY-MM-DD

Request details
Note : Original certificates are \$10 each. Certified copies of the certificate are free.
Select all that apply.
I am requesting:
☐ a new original certificate
☐ _____ certified copies of my existing original certificate.

Handling details

Processing

Applications will be processed within 10 business days of being received by the Office of the Registrar of Vital Statistics.

Delivery method

Select one:

- ☐ I will pick up the requested documents from the Office of the Registrar of Vital Statistics.
- ☐ I would like the requested documents mailed to me.

Note: If your certificates are not picked up within one year from the date of this application, your certificates will be securely shredded.

Note: An additional charge of \$15 will be added for:

- urgently processed documents mailed via Xpresspost (only available for destinations outside of the Yukon); and
- processed documents sent to an international address.

Contact us

Phone: 867-667-5207

Toll free: 1-800-661-0408, ext. 5207

Fax: 867-393-6486

Email: vital.statistics@yukon.ca

Mail: Office of the Registrar of Vital Statistics

Box 2703 (H-2)

Whitehorse, Yukon Y1A 2C6

In person: 204 Lambert Street, fourth floor

Whitehorse, Yukon

Office use only

Paid stamp

Registered mail sticker or date Xpresspost package sent

YYYY-MM-DD

Date received

YYYY-MM-DD

Date processed

Certificate number