OFFICE OF THE REGISTRAR OF VITAL STATISTICS

# NOTICE OF REVOCATION ELECTION BY MARRIED PERSON
## *CHANGE OF NAME ACT*

Registration number

I, _____ _____, hereby revoke the
GIVEN NAME(S) MARRIED SURNAME

election to use the married surname of _____ and apply for a legal change of name to the surname of _____, being my legal surname immediately prior to my last marriage.

| SIGNATURE | DATE (YYYY/MM/DD) |
|---|---|
| | |

| SIGNATURE OF WITNESS | DATE (YYYY/MM/DD) |
|---|---|
| | |

**Office use only**

Number of copies of certificate: _____ ☐ Pick-up ☐ Mail out Phone number: _____

Mailing address

| UNIT # (OPTIONAL) | STREET NUMBER AND NAME | CITY/TOWN | PROVINCE/TERRITORY | POSTAL CODE |
|---|---|---|---|---|
| | | | | |

| Paid stamp | Registered mail sticker or date Xpressport package sent. |
|---|---|
| | |

Personal information is being collected under the authority of the *Change of Name Act* and Regulations and is managed in accordance with the *Health Information Privacy and Management Act*. For more information, contact the Office of the Registrar of Vital Statistics at 867-667-5207 or toll-free at 1-800-661-0408, or write to the Office of the Registrar of Vital Statistics, Box 2703, Whitehorse, Yukon Y1A 2C6.

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