

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

Request for a Name Change to the Official Register & Documents

I, _____, RM, registration # _____

have legally changed my name to: _____
(current name as shown on supporting documentation¹)

and hereby request that the College of Midwives of British Columbia issue a new registration certificate, photo ID card, and registration card with the following name:

(name as it will appear on the official register)

I further request that the College also update all appropriate records and notify all relevant agencies of the name change.

I attach a notarized copy of the required supporting document.

Signature of Registrant

Date

Instructions to Registrant

Please note that incomplete forms, including forms not accompanied by a copy of the required supporting documents and payment, will not be processed.

Please send completed form with the required \$75.00 fee to:

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA
#603 – 601 West Broadway, Vancouver, BC V5Z 4C2

OR

Fax your request to the CMBC at (604) 730-8908 accompanied by this credit card authorization.

Credit Card Type: VISA MasterCard

Card number: _____ Expiry: _____

Name on card: _____

Signature: _____

¹ Supporting documents include: updated and government-issued photo ID, or marriage certificate where available