|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pursuant to s23 of the *Births, Deaths and Marriages Registration Act 1996*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions  1. Complete all pages applicable and sign the form in front of a witness over the age of 18 years. If you do not sign the change of name application in front of a witness then it will not be registered. Original application forms must be lodged at a Births, Deaths and Marriages (BDM) counter or posted in. Please **do not** fax or email in application forms. 2. A detailed reason for the change of name must be provided. Statements like ‘Personal’, ‘I want to’, ‘religion’ or similar are **not** acceptable reasons for applying to register a change of name. You should also attach relevant documentation that may support your reason. 3. Evidence of identification is to be sighted prior to a change of name being processed. See page three (3) for full identification requirements. 4. Any previously issued NT Birth Certificates **are to be returned** for sighting/cancellation. If the certificate(s) cannot be located, the attached statutory declaration **must** be completed and presented with the application form. 5. Completion of this application means that you have consented to the release of information provided by you, to those agencies which may be able to validate that information in support of your application. It is important that all of your identity documents are accurate and reflect your correct identity information. Documents provided as proof of identity may have their authenticity verified through the National Document Verification Service (DVS). Documents issued by BDM may also be verified by other organisations using DVS. 6. Your application may be refused if:    1. you are ineligible    2. the Registrar determines that you are seeking to change your name for a fraudulent or improper purpose    3. you have 3 changes of name registered whether in the NT or another Australian State or Territory or both after 31 August 2022. Or if the change of name was registered in the Territory or in another State in the 12 month period immediately before the time the application is made.    4. your new name would be classed as a prohibited name.    5. You have a conviction defined in Section 25A(3) of the *Births, Deaths and Marriages Registration Act 1996* for an offence related to fraud or any other deception regarding the identity of the applicant.    6. If following a request to provide evidence the applicant fails to provide evidence to establish to the Registrar’s satisfaction.   The Registrar may require you to provide more documentation until satisfied of your age and identity, and that your change of name is not made for a fraudulent or improper use. This might mean you have to provide a criminal history check at your own cost.  For lodgement, registration or collection of documents, or if you have any questions regarding your application, please contact one of the following offices during business hours: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin Phone: 08 8999 6119  Fax: 08 8999 6324  Office of Births, Deaths and Marriages  Nichols Place, Cnr of Cavenagh and Bennett Sts, Darwin NT 0800  GPO Box 3021, Darwin NT 0801 | | | | | | | | | | | | | | | | | | | | Palmerston **\*Friday only 8:00am to 12 noon**  Palmerston Community Care Centre  Palmerston Health Precinct  Gurd Street, Farrar NT 0830 | | | | | | | | | | | | | | | | | | | | | | | | | | Alice Springs Phone: 08 8951 5338  Office of Births, Deaths and Marriages  Ground Floor Centrepoint Building  Cnr Hartley Street and Gregory Terrace, Alice Springs NT 0870  PO Box 8043, Alice Springs NT 0871 | | | | | | | | | | | | | | | | |
| Important information  * Applications received for a change of name in the NT may be subject to a **National Police Check** with NT Police. We require your permission to perform this check. **By signing this form you are providing your consent**. If a National Police Check is required then we may ask you to provide a recent National Police Check at your own cost and this may delay your application. * Applicants must also complete **the Self-Disclosure of Offender Reporting and Criminal History** section on page seven (7). * If you have registered a change of name with any Registry in Australia within a period of **twelve (12) months**, any further applications for a change of name at any Registry in Australia within that twelve (12) month period will be refused, except with the consent of the Registrar upon consideration of the applicant’s reasons for the change. Please note that an \* will appear on the birth certificate when a change of name has been registered. * All applicants **must** provide details of any previous name changes on page seven (7). * Persons may have their birth registration noted with the new name if they were born in Australia. When born interstate, the relevant state/territory will be notified but any further documentation and/or fees will need to be negotiated directly with that state or territory by the applicant. * Any overseas born applicant whose birth is not registered in the NT or any other Australian jurisdiction must be either an Australian Citizen or hold a Permanent Residency Visa. Applications that do not meet these requirements are subject to the Registrar’s discretion in appropriate circumstances. * Please refer to the website nt.gov.au/law/bdm for the current fees.  Exceptions to certain requirements and limitation Despite a requirement or limitation the Registrar may register a change of a person’s name if the Registrar is satisfied that:   1. Registering the change of name is required to protect the person whose name is to be changed or any current or future children of the person whose name is to be changed from domestic violence as defined in Section 5 of the *Domestic and Family Violence Act 2007*. 2. The change of name is because of the marriage or divorce of the person whose name is to be change. 3. The change of name is ordered by a court of the Territory, the Commonwealth or another State. 4. The change of name is ordered by the Civil and Administrative Tribunal or a tribunal of another State that corresponds to the Civil and Administrative Tribunal.   \*The Palmerston Office may not be open please contact BDM for more information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Before you lodge the application for a change of name, please ensure you have provided all of the required documentation listed below.  Tick the appropriate box to indicate what documents you are lodging.  **If your birth is not registered in the Northern Territory you must provide:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed application form that is signed and witnessed by a person over 18 years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y / N | | | |
| Current identification matching the name that is going to be changed. If the name is **not** the same then you must provide a birth certificate and any previous change of name certificate/s. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y / N | | | |
| Twelve (12) consecutive months proof of residency in the Northern Territory. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y / N | | | |
| Citizenship Certificate or Permanent Residency Visa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y / N | | | |
| Marriage certificate if changing name due to marriage (if available). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y / N | | | |
| Payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y / N | | | |
| **Please Note:** if you fail to meet the above requirements, your change of name may not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requirement** | | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | | | | | **Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed Application | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Citizenship Certificate | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Residency Visa | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proof of Residency | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous CON | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marriage Certificate | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identification requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You must provide a **minimum** of three (3) types of acceptable identification from the lists below.  Identification must include at least one (1) type of photo ID from Category A and at least two (2) types of ID from Category B.   * If applying in person, you must provide original identification documents. * If applying by post, you must provide certified photocopies of each identity document. **Do not** post original documents unless it is your NT Birth Certificate or previous Change of Name Certificate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Category A** – Provide at least **one** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Category** B – Provide at least **two** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport (Australian or Overseas Issued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Australian Birth Certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Australian Drivers Licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Australian Citizenship Certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firearms Licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Immi Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tertiary Student ID Card with Photo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Centrelink Health Care Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Australian Evidence of Age Card (18+ Card) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Centrelink Pension/Concession Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Photographic ID issued by Larrakia Nation or Tangentyere Council | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Government Employee ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Police Service ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Overseas Birth Certificate with Translation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Defence Force ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Medicare Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NT Ochre Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Credit Card/Debit Card or Passbook | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Any other Photographic ID deemed by the Registrar to be sufficient) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone Bill/Electricity Bill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Bank Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Change of Name Certificate or Deed Poll | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tax Assessment Notice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ID Letter from an Aboriginal Community | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Student Letter of Enrolment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NT Security ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Any other evidence deemed by the Registrar to be sufficient) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | **Identification type** | | | | | | | | | | | | | | | | | | | | | | | | **Category** | | | | | | | | | | **ID number** | | | | | | | | | | | | | | **Where issued** | | | | | | | | | |
| 1 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| 2 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| 3 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| 4 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| 5 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| 6 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| Proof of residency requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your birth was **not** registered in the NT then you must supply evidence of residency for at least twelve (12) consecutive months.  Overseas born applicants must also provide with their application either a Citizenship Certificate or a Permanent Residency Visa.  If applying in person, you must bring **original** documents.If applying by post, you must provide **certified photocopies** of each document. Do not post original documents.  **Evidence of residency can include the following:**   * Bank Statements covering the required residency period from a current passbook/credit card/ATM or Cheque Account. The statements must include the name of the applicant, residential or postal address and evidence of transactions within the NT. * Electricity bills covering the required residency period. The electricity bills must include the name of the applicant, addresses and proof of payment. * Official Summaries of Pay from an Employer located in the NT that cover the required residency period. The pay summaries must include the name of the applicant, the name of the employer and/or ABN Number and dates.   **Please Note:** The Registrar may make enquiries into the validity of the proof of residency documents provided by an applicant if required. By signing this form **you are giving consent** to the Registrar accessing this information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | **Residency document type** | | | | | | | | | | | | | | | | | | | | | | | | **Date range** | | | | | | | | | | | | | | | | | | | **Organisation name** | | | | | | | | | | | | | | |
| 1 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 2 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 3 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 4 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 5 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 6 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Applicant details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please note:** complete all sections below and print clearly in **BLOCK LETTERS**. Whiteout is **not** to be used on this form so please ensure that any corrections made are crossed out and initialled. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name of applicant:** (before change) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Postal address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New name of applicant:** (after change) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Contact phone numbers** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Home/work:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Mobile:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Reason for name change** (see Note 2 on Instruction sheet) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please attach copies of any documents which may support the reason for your application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Certificate to be collected from:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin | | | | | | | |  | | | | | Palmerston (Friday mornings only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Alice Springs | | | | | | | | | | | | |  |
| **Certificate to be:** | | | | | | | | | | | | | | | Posted | | | | | | | |  | | | Laminated | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
| Please refer to the website **nt.gov.au/law/bdm** for the current fees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visa | | | |  | | | **MasterCard** | | | | | | | | |  | | Cheque/Money order | | | | | | | | | | | | | | | |  | | | American Express/Bank card **not accepted** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card number: | | | | | | | | | | | | | | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiry date | | | | | | | | | | | | | | \_\_ \_\_ / \_\_ \_\_ | | | | | | | | | | | | | | | | | CCV | | | | | | | | | | | | | | | | | | | | \_\_ \_\_ \_\_ | | | | | | | | | | | |
| **Card holder name in full** (please print) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Amount: $ | | | | | |  | | | | | | |
| (Card number details are deleted after the application is processed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Con reg no: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | App no: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Please note:** complete all sections below and print clearly in BLOCK LETTERS. Whiteout is **not** to be used on this form so please ensure that any corrections made are crossed out and initialled. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you changed your name within the last twelve (12) months?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | | | | |
| **Have you changed your name more than 3 times since August 2022?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | | | | |
| If you answer yes, your application will be refused unless you provide reasonable reasons why another change of name is required. Please provide this explanation in an attachment to this application.  If you have been known by and/or legally using any other name, please specify below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous surname** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous given name/s** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Country/state name change registered** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration no. and date (if known)** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous surname** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous given name/s** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Country/state name change registered** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration no. and date (if known)** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous surname** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous given name/s** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Country/state name change registered** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration no. and date (if known)** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change of name details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please note:** complete all sections below and print clearly in **BLOCK LETTERS**. Whiteout is **not** to be used on this form so please ensure that any corrections made are crossed out and initialled. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous surname** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous given name/s** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New surname** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New given name/s** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname at birth** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Given name/s at birth** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sex / Gender** | | | | | | | | | | | | | | | | | Male | | | |  | | Female | | | | | | | | |  | | | | Non-Binary | | | | | | | | | | | | | | | | | |  | Unspecified | | | | | |  | |
| **Full place of birth** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name of parents as recorded on your birth certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname of parent 1** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Given names of parent 1** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname of parent 2** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Given names of parent 2** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your current residential address** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How long have you been residing at your current address?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Previous residential address** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How long have you been residing at your previous address?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Privacy statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Office of Births, Deaths and Marriages is collecting the information on a change of name form so that it can determine your eligibility to register the requested change of name and to prevent fraud. If the information requested is not completed then the change of name may not be registered. The collection of the information is required by the Northern Territory *Births, Deaths and Marriages Registration Act 1996*.  The information is recorded and preserved in the Register of Changes of Name and in appropriate cases, may be accessed by government agencies, private organisations and members of the public in accordance with the Access Policy issued under the Act. The information held may also be used for statistical purposes and by law enforcement agencies, as well as other uses provided by the law. Such access for approved purposes may be granted to other Registries and certain government and authorised non-government agencies. Failure to provide the information may result in incomplete registration entries and the non-issue of certificates. Your personal information provided on this form can be accessed by you on request. If you have any queries, please contact the Deputy Registrar on 08 8999 6119. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclosure of offender reporting and criminal history | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child Protection Offender Reporting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any registration and reporting obligations under the NT *Child Protection (Offender Reporting and Registration) Act 2004* or a corresponding Act from another jurisdiction? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| If yes, you must comply with the relevant reporting requirements e.g section 19 (1C) of the*Child Protection (Offender Reporting and Registration) Act 2004* where you have to provide the Commissioner of Police with a copy of your new birth certificate issued in relation to the change of name and any other documents relating to the change of name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Serious Sex Offenders Act 2013* requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 108(1) of the *Serious Sex Offenders Act 2013* provides a person subject to that Act (ie. a supervisee or detainee) commits an offence if an application is made to change their name without the written permission from the Commissioner of Correctional Services.  If you are a person subject to the *Serious Sex Offenders Act 2013* you must provide a letter from the Commissioner of Correctional Services granting permission for your proposed change of name together with this application.  Please note the Commissioner of Correctional Services may direct BDM to:   1. refuse to register the change of name or 2. if the change of name has been registered – to reverse the change. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Criminal history** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been convicted[[1]](#footnote-1) of an offence in the Northern Territory or elsewhere in the world that is punishable by imprisonment for twelve (12) months or more?  An offence that is punishable by imprisonment for twelve (12) months or more does not mean that you were sentenced to a term of twelve (12) months or more. It does however relate to the maximum penalty you could have received for that offence.  Please select one of the two statements listed below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have not been convicted of any offence that is punishable by imprisonment for twelve (12) months or more or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| I have been convicted of an offence(s) that is punishable by imprisonment for twelve (12) months or more. Details of the offence(s) is (are) listed below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | | | | **Type of Offence** | | | | | | | | | | | | | | **Outcome of Conviction** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Jurisdiction** (state/country) | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Your declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | solemnly and sincerely declare that: | | | | | | | | | | | | | | | | | | | |
| * I understand that the BDM may confirm or verify the validity and authenticity of any document provided with this application in order to establish identity * If my application is approved and registered to change my old name to the new name, I will at all times in all records, deeds and instruments, in all actions, suits and proceedings, in all dealings and transactions and upon all occasions, use and sign the new name and authorise and request all persons to designate and address me by the new name * I will not seek to use my new name as stated in this application form for a fraudulent or improper purpose * I have disclosed all information relating to any convictions for offences that are punishable by imprisonment for twelve (12) months or more * I understand that it is a punishable offence to give false or misleading information in this application or supporting documents * I have read and understood all the instructions in this document including ‘Privacy Statement’ and ‘Disclosure of Offender Reporting and Criminal History’ and * By signing this application, I am allowing BDM at its discretion to conduct checks with appropriate agencies to verify information in my application, including the authenticity of supporting documentation.   This declaration is true and I know it is an offence to make a statutory declaration knowing it is false in a material particular. I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act 2010*, conscientiously believing the statements contained in this declaration to be true.  I also acknowledge that persons who wilfully make a false statement in any material particular are guilty of a crime and liable to imprisonment for 3 years (section 119 of the *Criminal Code Act 1983*).  Furthermore, a person who does anything to a Statutory Declaration that result in it becoming false or misleading, is liable to a penalty of a fine or imprisonment, or both (section 27 *Oaths, Affidavits and Declarations Act 2010* - Maximum penalty: 400 penalty units or imprisonment for 4 years). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declared at | | | | | | | | | |  | | | | | | | | | | | | | | | | | | the | | | | |  | | | | | | | | | | | day of | | | | | | | |  | | | | | | | | 20 | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Signature of witness** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name of witness** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Witness address or phone number** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:**  This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.  This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act 2010*.  Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Memorandum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The within Change of Name numbered | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | was registered at Darwin, Northern Territory | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | day of | | | | | | | | | | |  | | | | | | | | | | | | | | | | 20 | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | / /20 | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy Registrar of Births, Deaths and Marriages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. “conviction” incudes a qualified finding of guilt under section 43X(3) of the Criminal Code [↑](#footnote-ref-1)