

**COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA**

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**CHANGE OF NAME FORM**

Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_

I wish to change my name as it is currently listed on the register:

\_\_\_\_\_

To the following name:

\_\_\_\_\_

Requests for a legal name change must be in compliance with The Name Act and the procedures established by the BC Vital Statistics Agency <[www.vs.gov.bc.ca/name/](http://www.vs.gov.bc.ca/name/)>.

Appropriate supporting documentation must accompany this request.

Acceptable documentation includes:

1. Copy of a valid drivers licence indicating new name.
2. Copy of a valid passport indicating new name.
3. Other official licence indicating new name.

\_\_\_\_\_  
Signature

This form must be submitted to the college with your signature.