



Request for Change of Name

Royal College I.D. No.: _____

Name Prior to Change

Surname: _____

First Name: _____ **Middle Name(s):** _____

Use this form if you have legally changed your name or require a correction to your current name (for example: spelling correction, adding or deleting a name or names).

Please return (by mail, email or fax), this document, along with a copy of one official document listed below.

- Marriage Certificate
- Divorce Certificate
- Birth Certificate
- Change of Name Certificate
- Driver's License
- Valid Passport

I hereby request my name be changed to the following:
(Please print clearly using upper and lower case letters)

Surname: _____

First Name: _____ **Middle Name(s):** _____

Signature: _____ **Date:** _____

Upon completion of your request, a confirmation of the change will be sent by e-mail.

Please print and send by mail, email or fax.

Royal College Services Centre
Royal College of Physicians and Surgeons of Canada
774 Echo Drive, Ottawa ON (Canada) K1S 5N8

Telephone: 1-800-461-9598 or 613-730-6243
Fax: 613-730-2410
Email: membership@royalcollege.ca