

Change of Name

Court of King's Bench

Application to
Dispense with Consent to Change a Child's
Name



Resolution Services



Alberta
Government

Instructions

Dispensing With Consent to Change a Child's Name

Before you Begin:

- These forms are not to be used to ask the court to change your child's name. The change of name application is made through an Alberta Registries Office. You can discuss the paperwork and fees to make a change of name application with the staff at an Alberta Registries Office.
- In order to change a child's name, you must have the consent of both parents named on the child's birth registration and any other guardians of the child, unless the court orders that a person's consent is not required. Before starting your court application you should speak to the staff at an Alberta Registries office to confirm whether or not you require an order dispensing with someone's consent.
- You will use the forms in this package to ask the Court for an order dispensing with the consent of a person whose consent is required for you to change your child's name.
- You cannot use this package to get an order changing information about a parent on a child's birth registration or birth certificate. If you want to change information about a parent on the child's birth registration, and the other parent is not consenting you will need to make a different Court application.
- See our booklet, "Making a Court Application in the Court of King's Bench (With an Application Form)" for more information about how to prepare, file and serve court forms and how to present your case in court.

Fill in the Originating Application form

- Follow the instructions on the form and in the "Making a Court Application" booklet.

Fill in the Affidavit form

- Follow the instructions on the form and in the "Making a Court Application" booklet.
- This form has been prepared with the information that the court is likely to want to see. You can, if you wish, change the content of the form to set out the information in a way that you think is best. If you type up your own Affidavit, it cannot be longer than 5 pages (or 8 pages if you are setting your matter for an afternoon Special).
- All of the documents that you want the judge to see must be written about in the Affidavit and attached as exhibits to the Affidavit.
- You cannot have more than 40 pages of exhibits to your Affidavit, unless you get permission from a judge. If you must have more than 40 pages, ask us how to apply for permission.

Note:

- When you file your application with the Court of King's Bench Chamber's Clerks, they will charge you a **\$250.00 filing fee** for filing this application.
- You must give the Respondent(s) and the Registrar of Vital Statistics **10 or more days notice of your application**. If you are serving the Registrar of Vital Statistics by recorded mail, the documents are not considered to be served until someone signs to acknowledge receipt of the documents or until 7 days after the recorded mail is sent, whichever occurs first. Keep this in mind when you are selecting your Court date.

Serve the other parent and guardian(s) and the Registrar of Vital Statistics with copies of your Originating Application and Affidavit

- The Registrar of Vital Statistics can be served either by dropping off the documents at their office, or by sending the documents by recorded mail (registered mail). Their address is:

If delivered:

Vital Statistics
Brownlee Building
Ground Floor, Document Reception
10365 – 97 Street
Edmonton

If sent by recorded mail:

Vital Statistics
P.O. Box 2023
Edmonton, AB
T5J 9Z9

After the Registrar of Vital Statistics and the other parties have been served, fill in the Affidavit of Service forms

- Follow the instructions on the form and in the "Making a Court Application" booklet.

**These instructions have been prepared for you by Resolution Services.
Contact us at:**

Calgary

7th floor, Calgary Courts Centre
601 - 5 Street SW
Phone 403-297-6981

Edmonton

8th floor, Brownlee Building
10365 - 97 Street
Phone 780-415-0404

Grande Prairie

Main Floor, Court House
10260 - 99 St.
Phone: 780-833-4234

Lethbridge

1st Floor, Court House
320 - 4 St. S
Lethbridge AB T1J 1Z8
Phone: 403-388-3102

Red Deer

Main Floor, Court House
4909 - 48 Ave
Phone: 403-340-7187

Medicine Hat

Court House
460 First Street SE
Medicine Hat, AB T1A 0A8
Phone 403-529-8716

Outside these centres, contact us toll free at 310-0000

Clerk's Stamp

COURT FILE NUMBER _____
(File number, as on other court documents)

COURT Court of King's Bench of Alberta

JUDICIAL CENTRE _____
(City or town where court is located)

APPLICANT _____
(Print your full name, as on other court documents)

RESPONDENT _____
(Print the other party's full name, as on other court documents)

DOCUMENT **Originating Application to
Dispense with Consent to
Change a Child's Name**

ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT _____
(Name)

(Full address)

() _____

NOTICE TO THE RESPONDENT

This application is made against you. You are a Respondent. You have the right to state your side of this matter before the Court. To do so, you must be in Court when the application is heard as shown below:

COURT DATE: _____, _____, 20____.
(Weekday) (Month) (Day) (Year)

TIME: _____
(Time of Day)

WHERE: _____
(Courtroom (if known), Street address of court location)

BEFORE WHOM: **Justice in Family Chambers**

Go to the end of this document to see what else you must do and when you must do it.

1. BASIS FOR THIS CLAIM:

I rely on the following grounds or reasons for making this application:
My grounds or reasons are set out in my Affidavit, sworn/affirmed on

_____ (Date)

2. REMEDY SOUGHT:

- To dispense with the consent of the Respondent to change the name of a child.
- To dispense with necessity of publishing the change of name in the Alberta Gazette as required by the *Vital Statistics Act*.
- Variation of time for service
- Any other remedies, including costs, that the Court determines to be appropriate.
- Other: *(Describe any other terms you would like in your order)*

3. AFFIDAVIT OR OTHER EVIDENCE TO BE USED IN SUPPORT OF THIS APPLICATION:

- I am relying on the evidence set out in my Affidavit sworn on _____ (Date)
- I am relying on the following: *(Describe the evidence, other than your Affidavit, that you are relying on)*

4. APPLICABLE ACTS AND REGULATIONS:

- Vital Statistics Act* s. 26(2)(if asking to dispense with publishing) and s. 69
- Rule 3.8 – Commencing application by Originating Application
- Rule 13.5 – Variation of Time

(Please state any other Acts / Regulations that apply to your application)

WARNING

You are named as a respondent because you have made or are expected to make an adverse claim in respect of this originating application.

If you do not come to Court either in person or by your lawyer, the Court may make an order declaring you and all persons claiming under you to be barred from taking any further proceedings against the applicant(s) and against all persons claiming under the applicant(s). You will be bound by any order the Court makes, or another order might be given or other proceedings taken which the applicant(s) is/are entitled to make without any further notice to you.

If you want to take part in the application, you or your lawyer must attend in Court on the date and time shown at the beginning of this form. If you intend to give evidence in response to the application, you must reply by filing an affidavit or other evidence with the Court and serving a copy of that affidavit or other evidence on the applicant(s) a reasonable time before the application is to be heard or considered.

Clerk's Stamp

COURT FILE NUMBER _____
(File number, as on other court documents)

COURT Court of King's Bench of Alberta

JUDICIAL CENTRE _____
(City or town where court is located)

APPLICANT _____
(Print your full name, as on other court documents)

RESPONDENT _____
(Print the other party's full name, as on other court documents)

DOCUMENT: **Affidavit – Dispense with
Consent to Change Name**

SWORN / AFFIRMED BY: _____
(Name of person making this Affidavit)

SWORN / AFFIRMED ON: _____
(Date Affidavit sworn / affirmed)

ADDRESS FOR SERVICE
AND CONTACT
INFORMATION OF PARTY
FILING THIS DOCUMENT _____
(Name of party filing this document)

(Full address of party filing this document)

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I, _____, of _____, Alberta,
(Your name) (Name of City / Town)

SWEAR / AFFIRM AND SAY THAT:

1. I am the Applicant. I have personal knowledge of the facts set out below, except where I say that they are based on information and belief. In that case, I believe the facts to be true.
2. I want to legally change the name of my child(ren). In the chart that follows, I set out the current legal name, date of birth and the proposed name for each child.

Child's Current Legal Name <i>(first, middle and last name)</i>	Child's date of birth	The legal name that I want the child to have <i>(first, middle and last name)</i>

3. I am:

- The mother and guardian of the child(ren) listed in paragraph 2 above and my guardianship has not been terminated by a Court order. *(Choose one of the boxes below if you are the mother)*
 - I do not have a Court Order declaring me to be the guardian of the child(ren).
 - I have a Court Order declaring me to be the guardian of the child(ren). Attached as Exhibit "_____" to this Affidavit is a copy of the Court Order(s).

- The father and guardian of the child(ren) listed in paragraph 2 above and my guardianship has not been terminated by a Court order. *(Choose one of the boxes below if you are the father)*
 - I do not have a Court Order declaring me to be the guardian of the child(ren).
 - I have a Court Order declaring me to be the guardian of the child(ren). Attached as Exhibit "_____" to this Affidavit is a copy of the Court Order(s).

- A guardian who is not a parent of the child(ren).
(Choose one of the boxes below if you are a guardian, but are not one of the parents)
 - I was appointed as a guardian under a deed or Will. Attached as Exhibit "_____" is a copy of the document appointing me as a guardian of the child(ren).
 - I have a Court Order appointing me to be the guardian of the child(ren). Attached as Exhibit "_____" to this Affidavit is a copy of the Court Order(s).

4. I understand that I must have the consent of _____
(Name of Respondent)

before I am able to file an application to change the name of the child(ren).

The Respondent is:

- the mother of the child(ren)
- the father of the child(ren) who is is not a guardian of the child(ren)
- a guardian of the children who was appointed by Will or deed or court order.
- other: *(Describe the person's relationship to the child(ren)):*

5. My relationship to the Respondent is:

- We are married, but have been separated since _____
(Date)
- We are divorced. Attached as Exhibit “_____” is a copy of our Divorce Judgment.
- We were Adult Interdependent Partners, but have been separated since _____
(Date)
- We never lived together, but had a child or children together.
- We share guardianship of the child(ren) after one of us was appointed guardian as set out above.
- Other (Describe your relationship to the Respondent)

6. (Choose one)

- Other than the orders listed above, there are no court orders in place dealing with the guardianship, custody or parenting of the child(ren).
- Other than the orders listed above, there are currently court orders in place dealing with the guardianship, custody or parenting of the child(ren). Attached as Exhibit “_____” are copies of all of my orders dealing with guardianship, custody or parenting of the child(ren).

7. (Choose one)

- I have asked the Respondent to sign consent to the name change and he/she has either refused to or has been given the form and has not done so.
- I have not asked the Respondent to sign consent to the name change because: (Give reasons)

8. The reason I want to legally change the child(ren)’s name(s) is: (Explain your reasons in detail)

9. I believe it is in the child(ren)'s best interests to change their name(s) without the Respondent's consent because: *(Give your reasons in detail)*

10. I have the following other information in support of my application:

Sworn (OR Affirmed) before me

on _____, 20 _____

at _____, Alberta.

Commissioner for Oaths in and for the Province of
Alberta, Justice of the Peace or Notary Public



(Signature of person swearing / affirming Affidavit)

ID Verified _____

Clerk's Stamp

COURT FILE NUMBER _____
(File number, as on other court documents)

COURT Court of King's Bench of Alberta

JUDICIAL CENTRE _____
(City or town where court is located)

APPLICANT _____
(Print your full name, as on other court documents)

RESPONDENT _____
(Print the other party's full name, as on other court documents)

DOCUMENT: **Affidavit of Personal Service on Registrar of Vital Statistics**

SWORN / AFFIRMED BY: _____
(Name of person making this Affidavit)

SWORN / AFFIRMED ON: _____
(Date Affidavit sworn / affirmed)

ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT _____
(Name of party filing this document)

(Full address of party filing this document)

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I, _____, of _____, Alberta,
(Name of person who served) (Name of City / Town)

SWEAR / AFFIRM AND SAY THAT:

1. I have personal knowledge of the following information, except where I say that what is stated is based on information from another person, in which case, I believe that information to be true.
2. I am 18 years of age or older

3. On _____ I served the Registrar of Vital Statistics with the following documents:

(Date)

Originating Application filed _____
(Date filed)

Affidavit filed _____
(Date filed)

Other: (List the name of the document and the date it was filed with the Court. If it was not filed, attach a copy of the document as an Exhibit to this Affidavit)

4. (Choose one)

I served the Registrar of Vital Statistics by delivering the documents directly to their office, located at:
Brownlee Building
Ground Floor, Document Delivery
10365 – 97 Street
Edmonton, Alberta

I served the Registrar of Vital Statistics by recorded mail by enclosing the documents in an envelope addressed to the Registrar of Vital Statistics at the following address:
P.O. Box 2023
Edmonton, Alberta
T5J 9Z9

and mailed the envelope to the Registrar of Vital Statistics by registered mail with signature required. Attached as Exhibit “_____” to this Affidavit is the receipt from the Post Office where I mailed the envelope. Attached as Exhibit “_____” to this Affidavit is a computer printout from Canada Post showing the signature of the staff at Vital Statistics, obtained when the envelope was delivered.

Sworn (OR Affirmed) before me

on _____, 20 _____

at _____, Alberta.

Commissioner for Oaths
in and for the Province of Alberta, Justice of the
Peace or Notary Public



(Signature of person swearing / affirming Affidavit)

I.D. Verified _____