



College of Dental Hygienists of Manitoba
 109-420 Des Meurons, Winnipeg, MB R2H2N9 www.cdhm.info
 T: 204-219-2678 F: 204-219-2679 Email: cdhm@cdhm.info

NAME CHANGE DECLARATION FORM

Instructions:

- Please use ink and print clearly and complete all sections applicable
- Please include a *notarized photocopy* of an official government issued credential or marriage certificate
- A new wall certificate and wallet card will be issued to the registrant upon approval

Previous Name on Register:

New Name on Register:

Mailing Address

City

Prov.

Postal Code

Home phone

Cell Phone

A Notarized photocopy of an original document is required for processing the name change.

Certification/Notarization of documents can be completed by taking the original documents **and** photocopies of the following with you to a Notary Public for official recognition.

Please check mark (✓) document that is applicable:

Official Government Issued Credential or **Marriage Certificate**

Name Change Declaration - *Please sign below*

I _____, make this declaration of a name change knowing that it has the same force and effect as if taken under oath and understand that making a false declaration can result in disciplinary action.

Signature

dd/mm/yy

****A new wall certificate and wallet card will be issued to the registrant upon approval of the Name Change Declaration**