



**APPLICATION FOR APPROVAL TO APPLY TO THE REGISTRAR OF BIRTHS,
DEATHS AND MARRIAGES FOR REGISTRATION OF CHANGE OF NAME**
Section 31C Births, Deaths and Marriages Registration Act 1995

Please note: the relevant Registry of Births, Deaths and Marriages Statutory Declaration for change of name is to be completed, with the required supporting documentation (as detailed in the form) attached, and is to be submitted with this form.

DETAILS OF APPLICANT

Family Name:

Given Name(s):

Correctional / Transitional Centre (if current inmate) OR Community Corrections Office (if other offender)
OR periodic detainee

.....

MIN:

Postal Address: (Postcode).....

Telephone: (Work) (Home) (Mobile)

Email Address:

DETAILS OF APPLICATION

1. New name you want to register

Family Name:

Given Name(s):

2. Name at birth (original name recorded on your Birth Certificate)

Family Name:

Given Name(s):

Gender at birth: Male [] Female []

Have you changed your gender since birth? Yes [] No [] In progress []

Date of Birth:

Place of Birth (city/state/country):

Father's full name (as recorded on your birth certificate):

Mother's full name (as recorded on your birth certificate):

3. Name you are using at present (if you use, or are known by, a name that is different to your current registered family name and given name, but which has not been officially changed)

Family Name:

Given Name(s):

4. Previous names

Please list all previous names you have used. Provide evidence of how you have changed your name. Failure to list all previous names may result in your application being refused. Please attach a separate page if there are more than five (5) previous names.

Family Name	Given Name(s)	Date Changed	Where Changed

You must attach proof of your current name and all other names ever used. All copies of original documents must be certified. DO NOT attach original documents.

5. Full reason(s) why you are changing your name

Please be specific and provide as much detail as possible. For example, one or two word reasons such as "personal" are not acceptable.

.....

.....

.....

.....

.....

6. Information about criminal records

a) **Do you consent to the Commissioner of Corrective Services obtaining your criminal record from the NSW Police Force for the purposes of determining your application?** You are not required by law to consent, but your application to register a change of name may be refused if the Commissioner of Corrective Services is not satisfied that the change of name is not sought for a fraudulent or improper purpose.

Yes [] No []

b) **Have you ever been convicted of a criminal offence that is punishable by imprisonment for 12 months or more?** A conviction includes the making of an order under Section 10 of the *Crimes (Sentencing Procedure) Act 1999*¹. A conviction does not include a spent conviction.

Yes [] No []

SIGNATURE OF APPLICANT

SIGNATURE: _____ Date: _____

IDENTIFICATION REQUIREMENTS

Applicants who are not current inmates, or who are not applying through a solicitor, will be required to provide **proof of identity** with their application. The identification requirements are set out overleaf.

¹ Section 10 *Crimes (Sentencing Procedure) Act 1999* enables a court, upon a plea or finding of guilt, to order the dismissal of charges without proceeding to record a conviction. The order can be made with or without conditions.

HOW TO LODGE THIS APPLICATION

If a current inmate / forensic patient: give the completed Application Forms, with the required supporting documentation, to the Manager, Offender Services and Programs (MOSP) (or delegate) or Manager Security (in centres where there is no MOSP) / Transitional Centre Manager.

If a parolee or an offender subject to a community supervision order: give the completed Application Forms, with the required supporting documentation, to your supervising Community Corrections Officer or supervising officer.

If a periodic detainee send the completed Application Forms, with the required supporting documentation, to the Director, Statewide Administration of Sentences & Orders. Level 5, Henry Deane Building, 20 Lee Street, Sydney NSW 2000 or via the following CSNSW email address ChangeOfName@dcs.nsw.gov.au.

IDENTIFICATION REQUIREMENTS

Applicants must produce **one** primary form of identification.

PRIMARY

- C Current photo driver's licence
- C Proof of Age card
- C Passport current or expired within 2 years of the expiry date
- C Any current photo identification issued by a Government Department or Authority.

If none of the primary ID includes the current postal address, one secondary identification (which includes the current postal address - see list below) must also be produced.

SECONDARY

- C Birth certificate (original or extract)
- C Electoral Roll (acknowledgement of receipt)
- C Public utility accounts (water, gas, electricity, telephone) issued within the last 6 months
- C Current registration papers (vehicle or boat)
- C Marriage certificate
- C Naturalisation or citizenship certificate
- C Current entitlement card issued by a Government Department or Authority
- C Immigration papers
- C Credit or debit card with signature (does not include store cards)

If the applicant has no primary forms of identification, three secondary forms of identification (one must include the current address) must be produced.

All copies of original documents must be certified. Do NOT attach original documents.

SUBMISSION AND APPROVAL PROCESS: Office Use ONLY

For inmates in correctional / transitional centres (including correctional patients):

1. MOSP / SAPO: Date _____ Signature _____

or

2. Manager Security: Date _____ Signature _____

3. General Manager /
Transitional Centre Manager: Date _____ Signature _____

4. Director, Custodial Operations: Date _____ Signature _____

:

For offenders who are supervised on community orders:

1. Community Corrections Officer: Date _____ Signature _____

2. Manager, Community Corrections: Date _____ Signature _____

3. Director, Community Corrections: Date _____ Signature _____

For detainees who are currently serving periodic detention:

1. Director, SASO: Date _____ Signature _____
(Statewide Administration of Sentences & Orders)