

**CORRECTIVE SERVICES NEW SOUTH WALES**
**APPLICATION FOR SUPERVISING AUTHORITY APPROVAL TO APPLY TO THE REGISTRAR OF BIRTHS, DEATHS, AND MARRIAGES FOR REGISTRATION OF CHANGE OF NAME**

<b>DETAILS OF APPLICANT</b>					
<i>You will need to provide a copy of identification providing your current name, birth name and any prior name changes with this application.</i>					
<b>MIN</b>		<b>Family Name</b>			
<b>Given Name(s)</b>					
<i>Place a 'X' in the applicable box below to identify if you are in custody or in the community:</i>					
<b>Inmate</b>		<b>Offender in Community</b>			
<b>IN CUSTODY</b> – write the name of the correctional centre you are housed in below					
<b>Correctional Centre</b>					
<b>IN COMMUNITY</b> – Write the name of the Community Corrections Office that you report to below, then provide your personal address and contact details					
<b>Community Corrections Office</b>					
<b>Postal Address</b>					
<b>Postcode</b>		<b>E-mail Address</b>			
<b>Mobile</b>		<b>Telephone</b>	<b>W</b>		<b>H</b>
<b>APPLICATION PRE-SCREENING</b> (place a 'X' in the boxes of the below pre-requisites you meet)					
<i>If your application is approved by the Commissioner, you will need to provide evidence you meet the following pre-requisites to Births, Deaths and Marriages NSW.</i>					
<b>Over 18 years old</b>		<b>Born in NSW or born overseas and has been a resident of NSW for the last 3 years</b>			
<b>Has not changed name in the last 12 months</b>		<b>Has not changed name three times previously</b>			
<b>DETAILS OF APPLICATION</b>					
<i>Complete all relevant sections. Place a diagonal line through any sections that are not relevant to your application. Place a circle around the appropriate answer if there are multiple choices (i.e. gender on birth certificate)</i>					
<b>CURRENT AND BIRTH NAMES</b>					
<b>Name you are using at present - if different from your registered name with Births, Deaths and Marriages NSW</b>					
<b>Family Name</b>					
<b>Given Name(s)</b>					
<b>New name you want to register</b>					
<b>Family Name</b>					
<b>Given Name(s)</b>					
<b>Reason for changing name</b>					

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*Please be specific and provide as much detail as possible. For example, one or two word responses such as "personal" are not acceptable and you risk your application not being approved.*

**Birth Certificate Details**

Family Name		Given Name(s)	
Gender	Male	Female	Non-Specific
Have you changed your gender since birth?	Yes	No	In Progress
Date of Birth			
Place of Birth			
Father's Full Name			
Mother's Full Name			

**PREVIOUS NAMES**

**Previous Name 1**

Family Name		Given Name(s)	
Date changed		Where changed (State)	

**Reason for previous name change**

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<b>Previous Name 2</b>			
Family Name		Given Name(s)	
Date changed		Where changed	
<b>Reason for previous name change</b>			
<b>Previous Name 3</b>			
Family Name		Given Name(s)	
Date changed		Where changed	
<b>Reason for previous name change</b>			
<b>Information about criminal records</b>			
<p><b>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?</b></p> <p><i>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.</i></p>			
YES		NO	
<b>Signature of Applicant</b>			
Signature			
Date			

<b>HOW TO LODGE THIS APPLICATION</b>	
<b>If you are:</b>	<b>Send your application to:</b>
Inmate / Forensic / Correctional Patient	Manager, Offender Services and Programs (or delegate); or Manager of Security (in centres where there is no MOSP)
Parolee / Offender on a supervised order	Community Corrections Officer; or Supervising Officer
For all other applicants or enquiries	E-mail: <a href="mailto:CON@dcj.nsw.gov.au">CON@dcj.nsw.gov.au</a> Post: Corrections Corporate Support Unit Corrective Services NSW, Locked Bag 5000, Parramatta NSW 2124

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<b>SUBMISSION AND APPROVAL PROCESS</b>					<b>**OFFICE USE ONLY**</b>					
<i>To be completed and returned to Sentence Administration Corporate, whether supported or not supported, to allow the application to be considered by the Commissioner and the applicant to be advised of the decision.</i>										
<b>FOR INMATES (INCLUDING FORENSIC AND CORRECTIONAL PATIENTS)</b>										
<b>1. MOSP / SAPO OR MANAGER SECURITY</b>										
Supported					Not Supported					
Comments										
Name					Signature				Date	
<b>2. GOVERNOR (OR MOS IF NO GOVERNOR)</b>										
Supported					Not Supported					
Comments										
Name					Signature				Date	
<b>3. DIRECTOR, SECURITY &amp; CUSTODY</b>										
Supported					Not Supported					
Comments										

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Name		Signature		Date	
<b>FOR PAROLEES / OFFENDERS ON SUPERVISED COMMUNITY ORDERS</b>					
<b>1. COMMUNITY CORRECTIONS OFFICER</b>					
Supported			Not Supported		
Comments					
Name		Signature		Date	
<b>2. MANAGER, COMMUNITY CORRECTIONS</b>					
Supported			Not Supported		
Comments					
Name		Signature		Date	
<b>3. DIRECTOR, COMMUNITY CORRECTIONS</b>					
Supported			Not Supported		
Comments					
Name		Signature		Date	