



Name Change Application Form

In accordance with the College's General By-Laws, Article 14.06, a member shall inform the College of a change to any previously provided information within fourteen (14) days of the change.

To request a name change, please complete and submit this form, and attach the required supporting documentation listed below:

- Legal documentation confirming the name change (e.g. marriage certificate, Ontario change of name certificate or divorce certificate)
- Valid copy of photo ID (either in your new or former name)
- \$100 payment by cheque or money order OR Credit Card Payment via the Member Portal (An invoice will be available within three business days of receipt of Name Change Application Form)

Previous Name	
Last Name:	
First Name:	Middle Name:

New Name	
Last Name:	
First Name:	Middle Name:

Signature:	Date:
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Upon a name change, the College will update the Public Register and inform stakeholders of the change. In addition, a new wallet card and certificate will be available via the member portal. Members in the General class of registration will be issued a new certificate of registration that will be sent by regular mail within 4 weeks of the date the application was received.

Requests may be submitted to the College by mail to the address noted below:

By Mail:

**College of Midwives of Ontario
21 St. Clair Avenue East, Suite 303
Toronto ON M4T 1L9**

By Email (credit card payment only): **regsupport@cmo.on.ca**

Please allow 10 business days for the College to update its records and to inform stakeholders.