

Ministry of Justice

BIRTHS, DEATHS AND MARRIAGES OFFICE FORM 5

(Regulation 4)

APPLICATION FOR REGISTRATION OF CHANGE OF NAME AND DECLARATION FORM

	The state of the s	
For official use only:	Birth Registration Number:	
Date of Registration:	Registration Venue:	
Verified and processed by: (Note: The above fields are compulsory)	Birth Certificate updated by:	
Instructions:		
1. Please provide accurate and official details on this a	nalication form	
2.All applicants must be present in person and comp Marriages (BDM) Office or approved office.	leted forms are to be submitted to any Births, Deaths and	
for a term for up to 5 years or to both. Ensure to use	n offence under the False Information Act 2016. If you are overnment, you may be fined up to \$10,000 or imprisoned name as recorded in the Birth Certificate.	
4. The Births, Deaths and Marriages Office shall not be responsible or liable for any direct, indirect, incidental		
consequential, or other losses or damages howsoever change of name.	er caused, arising out of or relating in any way to the above	
Part 1: Personal Details of Applicant as per Birth Certi	ficate	
Birth Registration Number:	Sex:	
Full Name as per Birth Certificate:		
Date of Birth:/ Place of Birth:		
Parents' Details:		
Mother's Full Name:	Father's Full Name:	
Mother's Father's Name:	Father's Father's Name:	
Part 2: Proposed Change of Name (New Name)		
First Name:	Surname:	
Other Names:		
Part 3: Contact Details of Applicant		
Mobile: Home Phone:	Work:	
Valid Photo Identification (Please specify):	ID Number:	
Email: Name a	s per ID provided:	
Contact Preference: Email Phone	*	
Part 4: Residential Details of Applicant		
Current Residential Address:	Postal Address:	
	i Ostai Audress.	

Part 5: Declaration by Applicant (18 years and over)		
I, solemnly and sincerely declare that:		
 1.I am over the age of 18 years; 2.I was born in Fiji and I have a Fijian Birth Certificate; 3.The information provided in this form is true and accurate to the best of my knowless an offence under the False Information Act 2016 to provide false information to result in a fine up to \$10,000 dollars or imprisonment for up to 5 years or to both. Declared at this day of, 20 before me and I certify that the declaration was read over in the language to the applicant who appeared fully to understand the meaning thereof. 		
Registrar-General/ Justice of the Peace/ Commissioner for Oaths/ Notary Public	Signature of Applicant	
Note: Please sign this Application in the presence of the Registrar-General/ Justice of the Peace/ Commissioner for Oaths/ Notary Public.		
Part 6: Declaration by Parent(s) for child below 18 years		
I /we, solemnly a	and sincerely declare that:	
1.I am/ We are the parent(s) of the applicant mentioned in Part 1 and Part 2 of this 2.My/Our child was born in Fiji and has a Fijian Birth Certificate; 3. The information provided in this form is true and accurate to the best of my/our k aware that it is an offence under the False Information Act 2016 to provide Government and may result in a fine up to \$10,000 or imprisonment for up to 5 yes. Declared at this day of, 20 before me and I certify that the declaration was read over in the language to the parent(s) who appeared fully to understand the meaning thereof. Registrar General/ Justice of the Peace/ Commissioner for Oaths/ Notary Note: Please sign this Application in the presence of the Registrar-General/ Justice of for Oaths/ Notary Public.	cnowledge and I am/we are e false information to the ears or to both. Signature of Parent Signature of Parent	
Part 7: Authority to release my/my child's birth certificate with new name to a thir	d party (Optional)	
I,, authorise Births, Deat Office to release a copy of my/my child's birth certificate with new name to	hs and Marriages (BDM)	
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Signature of applicant/ parent	Date	
For official use only (Tick only after verifying the valid Photo ID, BRN and confirming		
BDM Office: Receiving Officer's Name:		
Receiving Officer's Signature:		
Valid Photo ID verified: No Yes If Yes, Photo ID Number:		
Date: If Yes, BRN:		