



BIRTHS, DEATHS & MARRIAGES REGISTRATION ACT
NORTHERN TERRITORY

INSTRUCTION FOR CHANGE OF NAME FOR AN ADULT

- 1. Complete Pages 2, 3 and 4 and any one over the age of 18 years can witness your signature.
2. Advertise ONCE in any newspaper published and circulating in the Northern Territory.
3. Once the advertisement appears in the Newspaper, remove the FULL PAGE and lodge it together with Pages 3 and 4 at any of the Births, Deaths & Marriage offices listed below.
4. Evidence of identification MUST be sighted prior to change of name being processed.
5. Fees: \$55.00 to be paid with lodgement of forms - (\$30.00 for the registration fee and \$25.00 for a certified copy of the Change of Name).
6. If born in the Northern Territory, any previous certificates issued MUST BE RETURNED for cancellation.

Important information:

- 7. Persons MUST BE 18 years or over; a resident of the Northern Territory for not less than 3 months or born in the Northern Territory.
8. Persons may have their birth registration noted with the new name if they were born in Australia.
9. If a person has registered a change of name with any Registry in Australia within a period of 12 months, any further applications for change of name at any Registry in Australia within that 12 month period will be refused.
10. The reason for the change of name MUST BE PROVIDED. Statements like "Personal", "I want to" or similar statements are NOT acceptable as reasons for applying to register a change of name.

OFFICES FOR LODGEMENT, REGISTRATION AND COLLECTION*

Table with 2 columns: DARWIN and PALMERSTON. Includes contact information for the Office of Births, Deaths & Marriages in Darwin, Alice Springs, and Palmerston.

NEWSPAPER ADVERTISEMENT

NORTHERN TERRITORY OF AUSTRALIA Births, Deaths & Marriages Registration Act – Section 23

APPLICATION TO REGISTER CHANGE OF NAME OF AN ADULT

I _____ change my name to
(here insert old name in full in block letters)

(here insert new name in full in block letters)

(NOTE: This must be identical to NEW NAME * on page 4)

for all private, business and legal purposes, and request all persons to designate and address me by the new name.

Signed: _____ Date: _____
(old name)

NT News/The Sunday Territorian	Phone:	(08) 8944 9900
The Centralian Advocate	Phone:	(08) 8950 9777
Tennant Creek and District Times	Phone:	(08) 8962 1040
Katherine Times	Phone:	(08) 8972 1111



DEPARTMENT OF JUSTICE

OFFICE OF THE REGISTRAR GENERAL

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PRIVACY STATEMENT

The Office of Births, Deaths & Marriages is collecting the information on a change of name form so that it can determine your eligibility to register the requested change of name and to prevent fraud. If all the information requested is not completed then the change of name may not be registered. The collection of the information is required by the Northern Territory *Births, Deaths & Marriages Registration Act*.

The information is recorded and preserved in the Register of Changes of Name and in appropriate cases, may be accessed by government agencies, private organisations and members of the public in accordance with the Access Policy issued under the Act.

Failure to provide the information may result in incomplete registration entries and the non-issue of certificates. Your personal information provided in this form can be accessed by you on request. If you have any queries, please contact the Deputy Registrar on (08) 8999 6119.

NORTHERN TERRITORY OFFICE OF BIRTHS, DEATHS AND MARRIAGES

NAME OF APPLICANT (before change)	
NEW NAME (in BLOCK LETTERS please)	

CERTIFICATE IS TO BE POSTED COLLECTED

POSTAL ADDRESS:	Signature and Date on Collection:	
CONTACT PHONE NOS:	Home:	Work:
	Mobile:	
Reason for Name Change (see Note 10 on Instruction sheet)		

How long have you been residing in the Northern Territory (only necessary to complete if not born in the NT) _____

Have you changed your name within the last 12 months? YES NO

If you were born interstate, do you wish to have the Birth Registration amended to show the new name? YES NO

Note: If you were born interstate, the relevant state will be NOTIFIED automatically of your name change, however, if you have indicated that you do not want the birth entry to be noted the state will be advised of this.

You will need to liaise with your state of birth if you wish for your birth registration to be amended. This is not done automatically.

Visa <input type="checkbox"/>	Bankcard <input type="checkbox"/>	Mastercard <input type="checkbox"/>
Card No: _____	Expiry Date: _____ / _____	
Card Holder's Name: (BLOCK PRINT) _____		
Amount to be debited \$ _____	Signature: _____	

OFFICE USE ONLY

Change of Name Details

Birth Certificate Details

REG NO:	REG NO:
APP NO:	APP NO:
CERT NO:	CERT NO:





BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT S23

REGISTRATION OF CHANGE OF NAME OF AN ADULT

- PLEASE PRINT CLEARLY IN BLOCK LETTERS
- WHITEOUT NOT TO BE USED
- ANY CORRECTIONS MADE SHOULD BE INITIALED

OLD NAME ▶	Given Names		Surname	
NEW NAME * ▶	Given Names		Surname	
NAME AT BIRTH (if different from Old Name)	Given Names		Surname	
DATE OF BIRTH				
SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
PLACE OF BIRTH	Suburb/Town/City		State/Country	
FULL NAME OF PARENTS	Father:	Mother:	Mother's Maiden surname: ▼	
CURRENT RESIDENTIAL ADDRESS (of Applicant)				

If your birth is registered within the NT, do you wish to have your birth certificate noted with the new name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I declare that I change my old name to the new name and that I will at all times in all records, deeds and instruments, in all actions, suits and proceedings, in all dealings and transactions and upon all occasions, use and sign the new name and authorise and request all persons to designate and address me by the new name.

SIGNATURE OF APPLICANT ▼	SIGNATURE OF WITNESS
	FULL NAME OF WITNESS
DATE	ADDRESS: