



Name Change Request Form

Members who have changed their name and wish to have their name updated on the public register are required to complete this form and submit it to the College for approval.

This form can be filled out **electronically** or by hand.

Section 1: Member's Information

1.a) Member's Name and Registration

Salutation: Ms. Mrs. Mr.

Certificate of Registration #:

Last Name:

First Name:

1.b) Member's Mailing Address

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

Section 2: Name Change Request

New name information

Last Name:

First Name:

Reason for change:



Section 3: Declaration & Signature

3.a) Declaration

- I have legally changed my name.
- I have not changed my name for any improper use.
- I am requesting that the Registrar enter my new name into the public register.

I am providing legal proof of the name change.

List proof provided: _____

3.b) Signature and Date

Signature

Date (mm/dd/yyyy)

Section 4: Form Submission

The completed form can be submitted to the CDO by one of the following methods:

Email: registration@denturists-cdo.com

Subject Line: Name Change Request

Fax: 416-925-6332

Attn: Registration

Mail:

Attn: Registration

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