Ministry of Justice
BIRTHS, DEATHS AND MARRIAGES OFFICE
FORM 5
(Regulation 4)

APPLICATION FOR REGISTRATION OF CHANGE OF NAME AND DECLARATION FORM

For official use only:	Birth Registration Number: _____
Date of Registration: _____	Registration Venue: _____
Verified and processed by: _____	Birth Certificate updated by: _____
(Note: The above fields are compulsory)	

Instructions:

1. Please provide accurate and official details on this application form.
2. All applicants must be present in person and completed forms are to be submitted to any Births, Deaths and Marriages (**BDM**) Office or approved office.
3. Providing false information to the Government is an offence under the False Information Act 2016. If you are found guilty of providing false information to the Government, you may be fined up to $10,000 or imprisoned for a term for up to 5 years or to both. Ensure to use 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 caused, arising out of or relating in any way to the above change of name.

Part 1: Personal Details of Applicant as per Birth Certificate

Birth Registration Number: _____   Sex: ☐ Female ☐ Male

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 as per ID provided: _____

Contact Preference: ☐ Email ☐ Phone

Part 4: Residential Details of Applicant

Current Residential Address:	Postal Address:

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 knowledge and I am aware that it is an offence under the False Information Act 2016 to provide false information to the Government and may 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 and sincerely declare that:

1. I am/ We are the parent(s) of the applicant mentioned in Part 1 and Part 2 of this application;
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 knowledge and I am/we are aware that it is an offence under the False Information Act 2016 to provide false information to the Government and may result in a fine up to $10,000 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 parent(s) who appeared fully to understand the meaning thereof.

_____
Signature of Parent

_____
Registrar General/ Justice of the Peace/ Commissioner for Oaths/ Notary

_____
Signature of Parent

Note: Please sign this Application in the presence of the Registrar-General/ Justice of the Peace/ *Commissioner for Oaths/ Notary Public.*

Part 7: Authority to release my/my child's birth certificate with new name to a third party (Optional)

I, _____, authorise Births, Deaths and Marriages (**BDM**) Office to release a copy of my/my child's birth certificate with new name to_____ _____.

_____
Signature of applicant/ parent

_____
Date

For official use only *(Tick only after verifying the valid Photo ID, BRN and confirming details in Part 1 and Part 3)*

BDM Office: _____   Receiving Officer's Name: _____

Receiving Officer's Signature: _____

Valid Photo ID verified: ☐ No ☐ Yes   If Yes, Photo ID Number: _____

BRN verified: ☐ No ☐ Yes

Date: _____   If Yes, BRN: _____