



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

ADDRESS | 1021 THOMAS SPRATT PLACE
OTTAWA ON K1G 5L5
CANADA

CONTACT US | MCC.CA
EMAIL: SERVICE@MCC.CA

Name change request form

Current name (as registered in your account):

SURNAME

GIVEN NAME(S)

Date of birth _____
YYYY / MM / DD

MCC Candidate Code _____
PCRC ID or LMCC Number _____

New name (as per name change document):

SURNAME

GIVEN NAME(S)

Name change documents

1. Indicate which one of the following documents you will be providing in support of the name change and attach it to this form.

- Marriage certificate**
 Official court order
 Divorce decree
 Other legal name change document

Do not send your original documents, *only copies*, as your original documents will not be returned.

2. Has your signature changed as a result of the name change?

- YES**
 NO

If yes, complete the following signature requirements:

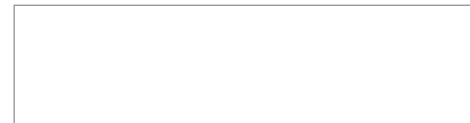
- ▶ Must be your current signature
- ▶ Must be signed within the border using a pen or pencil
- ▶ Digital/electronic signatures are not accepted



CORRECT



INCORRECT



CANDIDATE'S SIGNATURE

3. You will need to submit this completed form if you also wish to request a replacement of your Licentiate of the Medical Council of Canada (LMCC) documents (Certificate of Registration card and Testamur) with the new name. After we receive the form, the applicable service fee will be added to your physiciansapply.ca account.

I, the undersigned, acknowledge that: I understand that this request is for the purpose of having the MCC recognize my legal name and for no other or improper purpose. If I have received the LMCC, I understand that the Federation of Medical Regulatory Authorities of Canada (FMRAC) will be notified in writing regarding my new name.

X

SIGNATURE

DATE YYYY / MM / DD