



Canada
Province of
Prince Edward Island

Form 4

[Change of Name Act subsection 5(2)]

Consent Form

[to be completed by person with custody or access]

[please print, see instruction sheet]

I _____
[first name] [middle name] [surname]
of _____
[street] [city/town/village] [province/territory/country] [postal code]
telephone number _____ email _____

HEREBY CONSENT TO the change of name of my son/daughter/ward/or other person in my lawful

custody who was born on _____
[date]

from **(present name)**

[first name] [middle name] [surname]

to **(proposed name)**

[first name] [middle name] [surname]

Section (Below) for Completion at Office with Notary Public or Commissioner of Oaths

I share custody of this child or person with _____

I have access rights to this child or person with _____

Commissioner of Oaths & Affidavits
(Please stamp)

Applicant signature

*Please have a government-issued photo ID available
to witness, copy, and send it with this form.
(Commissioner, please stamp a copy of ID.)*

Date