



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



CANDIDATE'S SIGNATURE

3. If you wish to request replacement of your Licentiate of the Medical Council of Canada (LMCC) documents (Certificate of Registration card and Testamur) with the new name, complete the [Request form for replacement of LMCC documents](#) and submit it with this name change request.

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