

CALL
(08) 8256 0333

POST
12 Bishopstone Road
Davoren Park SA 5113

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VISIT
Playford Civic Centre
10 Playford Boulevard
Elizabeth SA 5112

Stretton Centre
307 Peachey Road
Munno Para SA 5115



CHANGE OF NAME FORM

Please complete this form and return to Council with appropriate supporting documentation.

1. Previous Name			
Title:	Given name:	Middle name:	Family name:
2. New Name			
Title:	Given name:	Middle name:	Family name:
3. Reason for Change of Name			
<input type="checkbox"/> Marriage	<input type="checkbox"/> Death *	<input type="checkbox"/> Other	
*Please provide previous owners name		If Other, please specify:	
4. Address			
Street Address:			
Post code:	Assessment Number:		
5. Postal address			
Postal Address:			
			Post code:
6. Contact Details			
Phone:		Email:	
Preferred contact method:		<input type="checkbox"/> Phone	<input type="checkbox"/> Email
7. Supporting Documentation Provided			
Marriage:	<input type="checkbox"/> Marriage Certificate		
Death:	<input type="checkbox"/> Death Certificate		
Other:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Official Change of Name
7. Signature			
Signature of Owner:		Date:	