

CALL

(08) 8256 0333

POST12 Bishopstone Road
Davoren Park SA 5113**EMAIL**

playford@playford.sa.gov.au

VISITPlayford Civic Centre
10 Playford Boulevard
Elizabeth SA 5112Stretton 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 NAME CHANGE		
<input type="checkbox"/>	Marriage	
<input type="checkbox"/>	Death – please provide previous owners name:	
<input type="checkbox"/>	Other – please specify:	
4. ADDRESS		
Street address:		
Postcode:	Assessment Number:	
5. POSTAL ADDRESS (IF DIFFERENT TO ABOVE)		
Street address:		
		Postcode:
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
8. PLEASE SIGN		
Signature:		
Applicant name:		Date: