

Use this form to report any change in personal information.

1 Information as indicated on your classification certificate

Last name: _____ Registration #: _____

First name: _____ Issue date: _____

Mailing Address: _____ City: _____

Province/Territory: _____ Postal Code: _____

2 Change of information

Name

First: _____ Middle: _____ Last: _____

Address

Mailing Address: _____ City: _____

Province/Territory: _____ Postal Code: _____

Phone

Phone Number: _____

Email

Email address: _____

A new certificate will only be issued if there is a name change and we are provided with an updated mailing address

3 Sign the change of personal information

All the information on this form is true and complete. I give permission to Child Care Staff Classification Services to change my classification file to reflect the new information provided on this form.

Signature: _____ Date: _____

4 Have you attached all supporting documents?

Supporting documentation must be submitted with this form to verify a name change (eg photocopy of your birth certificate, marriage certificate, passport or driver's license).

5 Send this form to

Child Care Staff Classification Services
Early Years Branch
Department of Education & ECD
PO Box 578
Halifax, Nova Scotia
B3J 2S9

For office use only

Date received : _____

Change recorded: _____