



NAME CHANGE Form

The name a CRTO Member uses in his/her practice should be the name registered with the CRTO. The public has a right to know who the Members are and as well as their qualifications. In addition, the CRTO must be able to correctly identify a Member if needed.

A name change request must be submitted in writing along with a photocopy of one of the following documents:

- Marriage Certificate
- Change of Name Certificate
- Certificate of Divorce

CRTO Reg. No. (if applicable)

FIRST NAME(as currently on file)

SURNAME (as currently on file)

NEW FIRST NAME (if applicable)

NEW SURNAME (if applicable)

EMAIL

PHONE NUMBER



SIGNATURE _____

DATE _____

SUBMIT YOUR APPLICATION TO:

CRTO, 180 Dundas St. W. Suite 2103 Toronto, ON M5G 1Z8

FAX: 416-591-7890

QUESTIONS:

TEL: 416-591-7800 or toll free 1-800-261-0528, EMAIL: walsh@crto.on.ca web www.crto.on.ca

OFFICE USE ONLY	RECEIVED DATE	CHANGE DATE	COMMENTS