

Please use CAPITAL letters
When completing form



THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE

CHANGE OF NAME FORM

ID Number _____ Faculty/School _____ Programme _____

Name (Prior to Change) _____
Surname First

NEW NAME
(To be recorded
and used) _____
Surname First

MARITAL STATUS (Please Tick✓) Single Married Date of Birth _____

If your change is Name is due to a change in Marital Status, please enclose copy of Marriage Certificate.
If change is for any other reason please enclose copy of Affidavit/Deed Poll Document.

Signature

Date

PLEASE COMPLETE FORM IN QUADRUPLICATE