|  |  |  |
| --- | --- | --- |
| QPSBadge | **QUEENSLAND POLICE SERVICE**  **APPLICATION FOR CHANGE OF NAME**  *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004*  Section 74A | Checksbmp2  QP 1063  10/20  Δ2 |

**This application applies to a reportable offender who** intends to change his or her name under the *Births, Deaths and Marriages Registration Act 2003* or a law in a foreign jurisdiction.

**WARNING**

**It is an offence against section 74A (2) of the *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004* for a reportable offender to change or to apply to change their name without first obtaining the police commissioner’s written permission.**

**If a reportable offender fails to obtain the police commissioner’s approval prior to changing or applying to change their name, the police commissioner may apply to the registrar *Births. Deaths and Marriages Registration Act 2003* for the cancellation of the registration.**

**In deciding whether to give permission, the police commissioner will consider each of the following:**

1. The safety of the reportable offender and other persons;
2. The reportable offender’s rehabilitation or care or treatment;
3. Whether the proposed name change could be used to further an unlawful activity or purpose;
4. Whether the proposed name change could be considered offensive to a victim or an immediate family member of a deceased victim of crime.

**APPLICANT DETAILS** NCOS ID

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family name: |  | | | Given name(s): |  | | |
| Address: |  | | | | | | |
| Suburb/Town: |  | | | | | Postcode: |  |
| Date of birth: |  | Place of birth: |  | | | | |

**Proposed change of name:**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name: |  | Given name(s): |  |

Have you been known by any other names? Yes/No If yes give details

**Grounds for name change\*:**

**1. The safety of a Reportable Offender.**

**2. The Reportable Offender’s rehabilitation.**

**3. Any other grounds for consideration.**

**4. Have you previously changed your name?** Yes/No **If so, please provide details and change of name certificate.**

\*Provide a copy/extract of your birth certificate.

**To be completed by person making application:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name: |  | | Given name(s): | |  |
|  | |  | |  |  |
| (Signature of applicant) | |  | | (Date) |  |

**If this application has been completed by another person not the applicant, please complete below:**

Are you a parent or guardian of the applicant?

Are you a carer or other person nominated of the applicant?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name: |  | | Given name(s): | |  |
|  | |  | |  |  |
| (Signature of applicant) | |  | | (Date) |  |

**The completed application should be sent to:**

**Child Protection Offender Registry, 1st Floor, Roma Street, GPO Box 1440, Brisbane Qld.  
Or email CPOR@police.qld.gov.au**