

Saskatchewan Health Services Card Change of Information or Legal Change of Name

Change of Information or Legal Change of Name

Who should use this form? Saskatchewan residents who are requesting a change of information on their Saskatchewan Health Services card such as:

- Incorrect name;
- Incorrect date of birth;
- Incorrect sex; and/or
- You have legally changed your name

Can I make changes online? Yes. To make changes, visit www.ehealthsask.ca/HealthRegistries/Pages/update-info.aspx

What documents do I need to provide? Please provide a copy of your birth certificate, marriage certificate, immigration document, baptismal certificate, or legal change of name document.

For more information, please visit www.ehealthsask.ca

Section A. Requester Personal Information

Requester Information

My Health Card number is: _____

My last name is: _____

My first name(s) is: _____

My middle name(s) is: _____

My birth date is: _____
YYYY-MM-DD

My sex is: Male Female

My marital status is: Never Married Married
 Common Law Separated
 Divorced Widowed

Requester Contact Details

*** at least one phone number is required**

My cell phone number is: _____

My home phone number is: _____

My work phone number is: _____

My email address is: _____

Address Details

Current mailing address is:

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

Current residence address is
(if different from mailing address):

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

or Land Location: _____
(1/4 Section, Section, Township, Range, W-)

Update Information

My name is incorrect? Yes No

My date of birth is incorrect? Yes No

My sex is incorrect? Yes No

My name has been legally changed? Yes No

Replace my card? Yes No

My card is: Lost Stolen Damaged Other

Please complete all required information

Section B. Spouse/Partner Personal Information

Spouse/Partner Information		Spouse/Partner Contact Details	
My Health Card number is:	_____	* at least one phone number is required	
My last name is:	_____	My cell phone number is:	_____
My first name(s) is:	_____	My home phone number is:	_____
My middle name(s) is:	_____	My work phone number is:	_____
My birth date is:	_____	My email address is:	_____
	YYYY-MM-DD		_____
My sex is:	<input type="checkbox"/> Male <input type="checkbox"/> Female		_____
Update Information			
My name is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Replace my card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My date of birth is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My card is:	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Other
My sex is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
My name has been legally changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section C. Dependant Personal Information

If you have more than two dependants, please list their information on a separate sheet.

First Dependant Information		Second Dependant Information	
Health Card number is:	_____	Health Card number is:	_____
Last name is:	_____	Last name is:	_____
First name(s) is:	_____	First name(s) is:	_____
Middle name(s) is:	_____	Middle name(s) is:	_____
Birth date is:	_____	Birth date is:	_____
	YYYY-MM-DD		YYYY-MM-DD
Sex is:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Sex is:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Update Information		Update Information	
My name is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My name is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My date of birth is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My date of birth is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My sex is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My sex is incorrect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My name has been legally changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My name has been legally changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replace my card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Replace my card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My card is:	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Other	My card is:	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Other

Please complete all required information

Section D. Declarations

Important: Both the **requester and the spouse/partner** (if applicable) must sign this declaration in order for this change to be processed.

Requester Declaration

I certify that I am a resident of Saskatchewan. I declare all the information on this change is true and correct. I understand it is an offence to wilfully give false information. I understand that the information I have supplied on this change may be used for administering other Saskatchewan government programs.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name	<div style="text-align: center; margin-bottom: 5px;">X</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> YYYY-MM-DD
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Spouse/Partner Declaration

I certify that I am a resident of Saskatchewan. I declare all the information on this change is true and correct. I understand it is an offence to wilfully give false information. I understand that the information I have supplied on this change may be used for administering other Saskatchewan government programs.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name	<div style="text-align: center; margin-bottom: 5px;">X</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> YYYY-MM-DD
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Important:



- Did you sign the above declaration?
- Did you attach copies of required document(s)?

Please return completed form and required document(s) to:

eHealth Saskatchewan Health Registries 2130 – 11th Avenue Regina, SK S4P 0J5	1-800-667-7551 (no charge, in-province only) (306) 787-3251 (Regina area, or when calling from outside Saskatchewan) Fax: (306) 787-8951
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