

Attorney Registration Office  
Pennsylvania Judicial Center  
601 Commonwealth Avenue, Suite 5600  
PO Box 62625  
Harrisburg, PA 17106-2625  
Phone: (717) 231-3380  
Fax: (717) 231-3381  
Email: [atty.registration@pacourts.us](mailto:atty.registration@pacourts.us)

## REQUEST FOR NAME CHANGE

You may not practice under a name other than that by which you were admitted.

Attorney ID#: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

*(Name As Currently Registered)*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

*(Requested Name Change)*

Effective Date Of Name Change: \_\_\_\_\_

Reason For Name Change:

- Marriage
- Divorce
- Court Order
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email, fax, or mail this completed form and a copy of the official document authorizing the name change (*i.e. Social Security Card or Court Order*)