



ATTORNEY REGISTRATION OFFICE  
Pennsylvania Judicial Center  
601 Commonwealth Avenue, Suite 5600  
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## REQUEST for NAME CHANGE

You may not simply practice under a name other than that by which you were admitted, whether your name changes by court action or by informal means such as change in marital status.

EFFECTIVE DATE OF NAME CHANGE: \_\_\_\_\_

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
*(Name as Currently Admitted)*

ID NUMBER: \_\_\_\_\_

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
*(New Name)*

REASON FOR NAME CHANGE: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail or fax this form, together with a copy of the official document authorizing the name change (*i.e. marriage certificate, divorce decree*).