



ATTORNEY REGISTRATION OFFICE
Pennsylvania Judicial Center
601 Commonwealth Avenue, Suite 5600
P.O. Box 62625
Harrisburg, PA 17106-2625
Phone: (717) 231-3380 Fax: (717) 231-3381

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*).