



REQUEST for NAME CHANGE

Lawyer Assessment
P.O. Box 46
Camp Hill, PA 17001-0046
Telephone (717) 731-7073 Fax (717) 731-7080

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: _____ (optional)

Signature

Date

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