



The
DISCIPLINARY BOARD
of the Supreme Court of Pennsylvania

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REQUEST FOR NAME CHANGE

You may not practice under a name other than that by which you are currently registered.

First _____ Middle _____ Last _____

(Name As Currently Registered)

First _____ Middle _____ Last _____

(Requested Name Change)

Attorney ID#: _____

Telephone: _____

E-Mail Address: _____

Effective Date Of Name Change: _____

Reason For Name Change:

- Marriage
- Divorce
- Court Order
- Other: _____

Signature: _____ Date: _____

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