

Request for Name Change

To request a name change, please provide a copy of your marriage license, divorce decree or other appropriate legal documentation.

Date of Request

License Number

Old Name:

First Name

Middle/Maiden Name

Last Name

Suffix

New Name:

First Name

Middle/Maiden Name

Last Name

Suffix

Mailing Address

City

State

Zip

Work Phone

Cell Phone

E-Mail (work)

E-Mail (home)

Please email me an updated card: Yes No

I certify that the above information above is true and correct

Signature

Print Name

After completing this form, please email to hlavigne@lsbae.com along with the required documentation attached.