

Application for Change of Name on Bar Record (This document must be notarized)

CURRENT MEN	MBER INFORMATION ON	RECORD:		
Name:		Bar ID:		
	our contact information be by rule of the District of Colu		file any changes to	o your contact information with
Home Address	Work	Address	Primar	y Email Address
			Daytin	ne Phone Number
Preferred Mailin	g Address Home V	Vork		
I request that my	name in the official records	of the District of Colum	bia Bar be chang	ed to reflect the following:
Prefix	First Name	Middle Initi	ial/Name	Last Name
	submitted on this da		_, 20	
Signature:				
STATE O	F			
COUNTY OF	7			
Signed and sv	vorn to (or affirmed) before m	e on(Date)	by	(Name of Member)
Notary Signatu	nre			
My Commiss				
My Commiss	ion Expires			
	ion Expires or Notarial Stamp			