

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

Name:		Bar ID: _		
	irm your contact inford, by rule of the Distric		als, to file any chang	es to your contact information with
Home Address	S	Work Address	Pri	mary Email Address
			Da	ytime Phone Number
Preferred Mail	ling Address Hon	ne Work		
I request that i	ny name in the official	l records of the District of	Columbia Bar be ch	anged to reflect the following:
Prefix	First Name	e Mide	lle Initial/Name	Last Name
I certify, ur the public.	nder the penalty of perju	ury, that I am not requesting	this name change for	the purpose of misleading the Bar
the public. Respectfull	y submitted on this	day of	-	the purpose of misleading the Bar
the public.		day of	-	the purpose of misleading the Bar
the public. Respectfull Signature	y submitted on this	day of	-	the purpose of misleading the Bar
the public. Respectfull Signature STATE	y submitted on this	day of	-	the purpose of misleading the Bar
the public. Respectfull Signature STATE COUNTY	y submitted on thise:	day of	, 20	(Name of Member)
the public. Respectfull Signature STATE COUNTY	y submitted on this e: OF sworn to (or affirmed)	day of	, 20	
sthe public. Respectfull Signature STATE COUNTY Signed and	y submitted on this e: OF sworn to (or affirmed)	day ofbefore me on(Da	, 20	
sthe public. Respectfull Signature STATE COUNTY Signed and Notary Sign My Commit	y submitted on this e: OF sworn to (or affirmed) ature	day ofbefore me on(Da	, 20	