CUSTOMER NO._____

AFFIDAVIT FOR NAME CHANGE

I,	, being first du	, being first duly sworn or affirmed, depose and state:			
1. That my present full legal name (including	ng first, middle and last) is:				
2 . That my name, as stated on my birth cert	ificate is:				
3. That I changed my legal name from:	To:	on	/	_ /	
4. That I was born on,//	in the City of				
County of	State of				
5. That I presently reside at	(street address, city, state, zip code)				
I have resided at this location since	My mailing address is:			<u> </u>	
	(list only if different than residence address)				
6. That my natural/adoptive (circle one) mo	ther's full name, including any middle or maid	en name, is			
5 1 ()		,			
				·····	
7. That my natural/adoptive (circle one) fath	ner's full name is:				
8. That during the last ten years, I have use	ed or have been addressed by the following na	mes in the juris	diction(s)	and on the date	
listed below:					
Name					
Jurisdiction		date	/	/	
Name					
Jurisdiction		date	/	/	
Name					
Jurisdiction		date	/	/	
9. That the following is a complete list of l	locations where I have resided during the last to	en vears and the	length of	each residency.	
	City:	-	-	-	
	To:				
Address:	City:		State:		
Length of residency: From:	To:				
Address:	City:		State:		
Length of residency: From:	To:				

10. That my current occupation is				
That my current employer is				
That my current employer's address is				
11. That I have been employed during the past te	en years as follows:			
Employer				
Employer's address				
Date of employment from:	to			
Employer				
Employer's address				
Date of employment from:	to			
12. That the change of name request is not:				
a. For any fraudulent or wrongful purpose.				
b. Detrimental to the rights or interests of an	ny other person(s).			
c. Prohibited by or violative of any judicial of	or administrative adjudication.			
13. That I understand that is a violation of the M to conceal a material fact in my application for				
14. I declare that the foregoing is true and correc	et.			
Signature:		date	/	/
State:	County			
X(Notary Public)				
State:				
Commission Expires:				