

U.S. DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

REQUEST FOR NAME CHANGE/CORRECTION

MUST BE TYPED

This form is to be used if you intend to practice law under a name other than the name you were admitted or if there is a misspelling of your name. You may type the information online, but you must then print out, sign and mail the completed form to:

U.S. District Court
Attn: Attorney Admissions Office
402 East State Street, Room 2020
Trenton, NJ 08608

STATE OF _____

COUNTY OF _____

I, _____, Social Security Number
_____, an attorney duly admitted to the Bar of the U.S. District Court for
the District of New Jersey, do certify to the following:

1. I was admitted to the Bar of the U.S. District Court for the District of New Jersey on
_____.

2. On that date, I was admitted to the practice of law under the name of:
_____.

3. **NAME CORRECTION** (spelling, middle initial, etc.):

First Name Middle Name Last Name Suffix

4. **NAME CHANGE:** By reason of: _____ Marriage _____ Divorce _____ Other
dated _____.

I intend to practice under:

First Name Middle Name Last Name Suffix

If you selected "Other" from the list of options above, state the basis for the name change below:

5. My business address is:

Name of Firm _____

First Address Line _____ Apt/Suite _____

Second Address Line _____

City _____ State _____ ZIP Code _____

6. My business telephone number is: _____

7. My email address is: _____

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment, including possible disciplinary action.

Signature

Date

OFFICIAL COURT USE ONLY

APPROVED BY _____ DATE COMPLETED _____