



Name Change Application

REQUIREMENTS:

Name Change Application:

- Complete Sections 1 and 2.
- Sign and date Section 2 in the presence of a Notary Public.

Picture I.D. Photocopy

- Submit a photocopy of the front and back of a government issued photo identification document reflecting your full new name.

Social Security Card Photocopy

- Submit a photocopy of your Social Security Card containing the **EXACT** same name that appears on the government issued photo identification document.

- This Name Change Application and supporting documents must be submitted to the Trust Enrollment Department in person or by mail delivery. This form and/or any supporting documents will not be accepted by fax or email.*

You will be mailed a letter with *notice* that your name change request was approved and processed.

SECTION 1: CHANGE OF NAME INFORMATION

Roll #: _____ Birth Date: _____ Phone #: _____

New Name

First: _____ Middle: _____ Last: _____

Previous Name

First: _____ Middle: _____ Last: _____

Address: _____
STREET OR PO BOX APT CITY STATE ZIP

SECTION 2: AFFIDAVIT IN SUPPORT OF A NAME CHANGE

Under oath, I state the following:

1. Since on or about _____, I have consistently and continuously used the name of

DATE

NEW NAME

2. I further state that I am not changing my name as indicated above to effectuate a fraudulent purpose.

3. In support of this affidavit, I am submitting reliable documentation which evidences the fact that my name has changed.

Signature: _____ Date: _____

CERTIFICATE OF NOTARY PUBLIC

Subscribed and sworn to before me this _____ day

of _____, _____

(SEAL)

Notary Signature: _____

My Commission Expires: _____

OFFICE USE ONLY

Completed on: _____ by: _____

Reviewed on: _____ by: _____