



# NAME CHANGE REQUEST FORM

*Required documentation for a name change is a legible copy of a driver's license, social security card, marriage certificate or other court document (ie: judgement of divorce) supporting the name change.*

Previous Name: \_\_\_\_\_  
Please Print                      First                      Middle                      Last

New Name: \_\_\_\_\_  
Please Print                      First                      Middle                      Last

P#: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone : \_\_\_\_\_

Member's Signature: \_\_\_\_\_

(Required)

For any questions, please contact the Member Records Coordinator at (517) 346-6341  
Fax form to (517) 372-1139 with name change documentation.

Or

Mail completed form and documentation to:

State Bar of Michigan  
Member Records  
306 Townsend St  
Lansing, MI 48933