

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

	CURRENT MEMBER INFORMATION ON RECORD:						
	Name: Bar ID:						
	Update or confirm your contact information below: You are required, by rule of the District of Columbia Court of Appeals, to file any changes to your contact information within 30 days.						
	Home Address	Work Addres	Work Address		Primary Email Address		
				Daytime Phone Number			
Preferred Mailing Address Home Work							
2.	I request that my name in the	ne official records of the	District of Columbia	Bar be change	d to reflect the following:		
	D. C.		2018 7 11				
	Prefix F	irst Name	Middle Initial/	Name	Last Name		
.	CERTIFICATION AND SIGNATURE: I certify, under the penalty of perjury, that I am not requesting this name change for the purpose of misleading the Bar or the public. Respectfully submitted on this day of, 20						
		n this day of _	,	20			
	Cianatura						
	Signature.						
			_				
	STATE OF			by	(Name of Member)		
	STATE OF			by	(Name of Member)		
	STATE OF COUNTY OF Signed and sworn to (or a	affirmed) before me on		by	(Name of Member)		