



# North Carolina State Bar

## Attorney Name Change Request Form

Please be aware that **we must list your legal name in our records.**

Bar # \_\_\_\_\_

Previous name \_\_\_\_\_

New name:

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Nickname \_\_\_\_\_

Reason for name change:

\_\_\_\_\_  
\_\_\_\_\_

Effective date \_\_\_\_\_

Attorney Signature \_\_\_\_\_

Return this form to the below address:

NC State Bar  
Membership Department  
PO Box 26088  
Raleigh, NC 27611  
Fax: 919-821-9168, Attn. Membership

Your name will be changed in the official records of the NC State Bar and you will receive a new bar card in the mail.

Please provide your current mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_