

Application for Change in Name

Please type or print legibly

Date of Application:	
Former Name:	
Current Name:	
Reason for Change:	☐ Marriage
	□ Divorce and Resumption of Former Name
	☐ By Court Order
(*** Please submit	☐ Name Incorrect on Benefit Certificate supporting documentation for the reason for change. Example: Marriage certificate ***)
	Member
Benefit Certificate Numb	er(s)
Address:	
City:	State/Province: ZIP:
Council Name:	Council Number:
Signature:	Date:
	Witness
Name:	
Address:	
City:	State/Province: ZIP:
Signature:	Date:

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