

APPLICATION FOR CHANGE IN NAME



Date _____

TO THE SUPREME COUNCIL OF THE ROYAL ARCANUM.

REQUEST FOR CHANGE IN NAME

FORMER NAME WAS _____ PRINT NAME

PRESENT NAME IS _____ PRINT NAME

REASON FOR CHANGE:

(Check Block)	Marraige <input type="checkbox"/>	Divorce and Resumption of Former Name <input type="checkbox"/>
	By Court Order <input type="checkbox"/>	Name Incorrect on Benefit Certificate <input type="checkbox"/>

COMPLETE THE FOLLOWING SECTION:

Date _____ Members Signature _____

Witness _____ Address _____

Address _____ City or Town _____ Zip _____

City or Town _____ Zip _____ State or Province _____

State or Province _____ Council _____ No. _____