

REQUEST FOR NAME CHANGE

Please change the current name on The West Virginia State Bar's Membership Records to reflect the new name below. **(PLEASE PRINT)**

WV State Bar Number _____

Current Name on Bar Membership Records:

New Name:

**A copy of the legal document that supports
the request for a name change must be attached.**

Check box if this also reflects a change of any of the information below.

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Signature

Date

**Please return this completed form,
along with a copy of the legal document that changed name to:**

Cheryl L. Petty, Membership Coordinator
The West Virginia State Bar
2000 Deitrick Boulevard
Charleston, WV 25311-1231
cheryl@wvbar.org
304.553.7229