## Supreme Court of New Jersey

## Certification/Affidavit of Name Change/Correction for Bar Candidate [Note: Please print or type all information]

STATE OF					
		s:			
			nation.		
				, I h	 ave changed
			Day ame	Y ear Last Name	Suffix
	ification Number the e ted the applicatio	ification Number bate dated	ss: 	ss: , a candid ification Number, a candid the bar examination. e ted the application, my name was:  dated Mo Day	ss: , a candidate for the New ification Number, a candidate for the New ification Number, do certify (or st the), do certify (or st the

[N.B., If you selected "Other" from the list of options, state the basis for the name change below]

5. My address is:

6. My telephone number is:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment, including possible disciplinary action.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

[N.B., If you use the services of a notary or an attorney at law to take your affidavit, have that person complete the following jurat:]

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

## PLEASE SEND THE COMPLETED FORM TO:

New Jersey Board of Bar Examiners Attention: Candidate Name Change Hughes Justice Complex, 8<sup>th</sup> floor, North Wing 25 W. Market Street P.O. Box 973 Trenton, New Jersey 08625-0973

(Afft/Cert.name.frm.cand.07/03)