

**New Jersey Board of Bar Examiners**

**ATTORNEY NAME CHANGE FORM**

Use this form to notify the Board of Bar Examiners of a name change, whether you intend to practice under the new name or not. You may type the information online, but you must then print, sign and mail the completed form to the appropriate address listed below. If your name was recorded incorrectly based on how you signed your oath card, please use this form to indicate the correct name (spelling, middle initial, etc.).

Send the completed form to:

Mailing Address via U.S. Postal Service  
(Certified/First Class/Priority/Express Mail):  
New Jersey Board of Bar Examiners  
Attention: Name Change  
Hughes Justice Complex  
P.O. Box 973  
Trenton, New Jersey 08625-0973

Overnight Deliveries  
via DHL, FedEx, UPS, etc.:  
New Jersey Board of Bar Examiners  
Attention: Name Change  
Hughes Justice Complex, 8<sup>th</sup> Floor, North Wing  
25 Market St.  
Trenton, New Jersey 08625

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**Supreme Court of New Jersey**

**Certification of Name Change for Admitted Attorney**

**(Pursuant to *Rule 1:29-2*)**

**[Note: Please print or type all information]**

I, \_\_\_\_\_, an attorney duly admitted to the practice of law before all of the Courts of the State of New Jersey (Attorney Identification Number \_\_\_\_\_), do certify (or swear) to the following:

1. I was admitted to the practice of law in New Jersey on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Mo. Day Year

2. On that date, I was admitted to the practice of law under the following name:

\_\_\_\_\_.

If you previously changed your name, list your former name(s) & dates the names were in use:

\_\_\_\_\_

\_\_\_\_\_

3. By reason of a marriage/divorce/error/other dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_,  
Mo. Day Year

my name is now: \_\_\_\_\_  
First Name Middle Name Last Name Suffix

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

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

4. Name under which I intend to practice law (if different from new name):

\_\_\_\_\_  
First Name Middle Name Last Name Suffix

5. My address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. My business 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.

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

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