



**THE STATE BAR OF CALIFORNIA  
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300  
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500

**NAME CHANGE FORM**

This form is to be used **only** by applicants who are seeking admission to practice law in California and who are not admitted to The State Bar of California. Name change information for attorneys who are admitted to practice law in California is available through the State Bar of California’s website at: <http://www.calbar.ca.gov/Attorneys/Forms.aspx>.

This request must be accompanied by copies of the following four identity documents: two identity documents showing the requestor’s former name and two identity documents showing the requestor’s new name. Acceptable identity documents include court documents, government-issued identification, such as a driver’s license, passport, state identification card, military identification card or birth certificate. A marriage certificate may serve as one identity document for both the former and new names.

Applicant File Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**FORMER NAME INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**NEW NAME INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Attached are copies of the following identity documents:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

I authorize the State Bar’s Office of Admissions to change its records to reflect the above name change.

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

**Mail the completed form and copies of identity documents to:**

Office of Admissions  
The State Bar of California  
845 South Figueroa Street  
Los Angeles, CA 90017-2515

<b>OFFICE USE ONLY</b>	
DL or ID Card:	_____
Passport:	_____
BC:	_____
Other:	_____
Entered:	_____
Initials:	_____ Date: _____