BOARD OF COURT REPORTING

244 Washington Street, S.W., Suite 300
Atlanta, GA 30334
(404) 656-6422/ fax: (404) 657-4213
www.georgiacourts.org/agencies/bcr/index.html

NAME CHANGE AFFIDAVIT

Please fill out the following information and MAIL to the above address. **One of the following items MUST be enclosed in order to process your request. Copies only. PLEASE DO NOT SEND ORIGINALS.**

☐ Marriage Certificate ☐ Divorce Decree ☐ Court Order

☐ Other (please explain): _____

I, _____, certify under the penalty of perjury that the foregoing declaration is true and correct.

My former name was _____.

I have changed my name for all purposes to _____

and I did not do so for purposes of fraud.

PLEASE PRINT: NAME _____

ADDRESS _____

_____

PHONE _____

CCR # _____

SIGNATURE _____ DATE _____

****** PLEASE ENCLOSE APPROPRIATE DOCUMENTATION ******