

# 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. Wright, Membership Coordinator  
The West Virginia State Bar  
2000 Deitrick Boulevard  
Charleston, WV 25311-1231  
cheryl@wvbar.org  
304.558.0828