



D I S T R I C T O F C O L U M B I A B A R

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

District of Columbia Bar  
Membership Department  
901 4th Street NW  
Washington DC 20001-2776

**Application for Change of Name in Bar Record**  
*(This form must be notarized)*

Current Bar Record Information:

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial/Name

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

\_\_\_\_\_  
Date of Birth

I request that my name in the official records of the District of Columbia Bar be changed to the following:

\_\_\_\_\_  
Prefix      First Name      Middle Initial/Name      Last Name

*Please contact our office if your address has also changed or submit the Contact Information Update found on the attached page.*

I certify, under the penalty of perjury, that I am not requesting the aforementioned name change for the purpose of misleading the Bar or the public.

Respectfully submitted on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

**Acknowledgement:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name or Stamp

Email: [memberservices@dcbbar.org](mailto:memberservices@dcbbar.org)

901 4th Street NW, Washington, DC 20001-2776 ■ 202-737-4700 ■ [www.dcbbar.org](http://www.dcbbar.org)

Secure Fax: 1-866-550-5331



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**UPDATE CONTACT INFORMATION**

Complete this form to provide your current contact information for all Bar and Sections communications. While we may have reached you through a forwarded or alternate address on record, you are required, by the rule of the District of Columbia Court of Appeals, to file with the Secretary of the District of Columbia Bar any changes in your contact information within 30 days.

You may return this to the D.C. Bar Membership Department by:

**E-mail:** MemberServices@DCBar.org

**Mail:** 901 4th Street NW, Washington, DC 20001-2776

**Fax:** 1-866-550-9331

\_\_\_\_\_  
Print Name (Mr., Ms., Mrs., Miss)

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Type of practice:**

- |  |  |
|--|--|
| <input type="checkbox"/> Academia                | <input type="checkbox"/> Corporate In-House          |
| <input type="checkbox"/> Firm                    | <input type="checkbox"/> Government Practice         |
| <input type="checkbox"/> Sole Practice           | <input type="checkbox"/> Not for Profit Organization |
| <input type="checkbox"/> Not for Profit Practice | <input type="checkbox"/> Other                       |

**CURRENT BUSINESS ADDRESS**

Mark as Primary

Firm/Company: \_\_\_\_\_

Street1: \_\_\_\_\_

Street2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CURRENT HOME ADDRESS**

Mark as Primary

Street1: \_\_\_\_\_

Street2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_