



## REQUEST FOR NAME CHANGE FORM

**Previous Name** \_\_\_\_\_  
(please print full name currently on file)

To change your name, please submit this form and official legal documentation of your new name. Appropriate documentation would include a marriage certificate, divorce papers, or other court documents in order for us to process your name change request. No change will be made unless request form is accompanied with the required documentation.

**New Name** \_\_\_\_\_  
(please print full legal name )

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Fax form to (704) 316-9463 or mail to Lisa Bowers at the following address:**  
Medical Staff Services • 200 Hawthorne Lane • Post Office Box 33549 • Charlotte, NC 28233-3549