

The Law Offices of Shelly B. West

One Meadows Building
5005 Greenville Ave, Suite 200
Dallas, Texas 75206
214-373-9292
www.edallasattorney.com

**NAME CHANGE
INFORMATION SHEET**

Date of Consultation: _____ Referred by: _____
(today's date)

PERSONAL INFORMATION:

Full Name: _____ Age: _____

Maiden Name: _____ Social Security Number: _____

Birthdate / Place: _____ D.L. No. & State _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Other numbers: (Cell): _____ (Fax): _____

Business Name: _____

Business Address: _____

email Address: _____

Next of Kin: _____ Phone: _____

What would you like your name changed to? _____

Why do you want your name changed? _____

Have you been convicted of any criminal offense other than a traffic ticket? _____

Do you have an FBI or CID number? (If you don't know what this is, you don't have one.) _____

If you do, what is it? _____

If so, please give details: _____