

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
OFFICIAL NAME CHANGE REQUEST

STATE OF NEW JERSEY
COUNTY OF _____

Being of full age and being duly sworn according to law, upon my oath I herein certify that:

1. The name that appears on my birth certificate is: _____

2. I have changed my name to: _____

Select one: a. _____ based upon attached court order
 b. _____ upon New Jersey common Law

3. I am not changing my name for any fraudulent purpose or to avoid criminal prosecution.

4. I am making this Affidavit in order to aid the appropriate agencies in correcting or adjusting my records.

5. I am submitting supporting documents for this legal/official name change.

Sworn to and subscribed before me
this _____ Day of _____ 19____

Notary Public

School of University:

- GSBS SPH
NJDS SHRP
NJMS SOM
RWJMS SN

Signature

Address

City, State, Zip

Date