

FISHER LAW LLC

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Name Change Information Sheet

Name: _____

Date: _____ Name Desired: _____

Reason for Name change: _____

Address: _____

Number & Street City State Postal Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Check this box if you consent to us contacting you by e-mail. **See disclaimer below*

Date of Birth: _____ SSN: _____

Place of Birth: _____ Length of Residence in this County : _____

Employer: _____

Employer Address: _____

Number & Street City State Postal Code

Marital Status (check box): Single Married Divorced Widow

Spouse's Name: _____ Spouse's Phone: _____

Mother's Full Name: _____

Mother's Address (if different than yours): _____

Mother's Date of Birth: _____

Father's Full Name: _____

Father's Address (if different than yours): _____

Father's Date of Birth: _____

Are there any Judgment's for money pending against the person asking for name change? _____

If so, what Judgments? _____

*Before you consent to e-mail communication, the Missouri Supreme Court requires us to inform you that (1) e-mail communication is not a secure method of communication, (2) any e-mail that is sent to you or by you may be copied and held by various computers it passes through as it goes from you to me or vice versa, (3) persons not participating in our communications may intercept our communications by improperly accessing your computer or my computer or even some computer unconnected to either of us which the e-mail passed through.