

**The Law Offices of Shelly B. West**

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**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: \_\_\_\_\_