

**Procedure for Official Name Change**

*An individual seeking an official name change in the UMDNJ Administrative System must complete the application below. Please submit the attached notarized name change affidavit along with your new social security card reflecting your new name and appropriate legal documents to the Office of the Registrar.*

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**OFFICIAL NAME CHANGE AFFIDAVIT**

PLEASE TYPE OR PRINT CLEARLY

STATE OF: \_\_\_\_\_

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. \_\_\_\_\_ based upon New Jersey common law  
                      c. \_\_\_\_\_ based upon attached supporting documentation

3. I am submitting the following supporting documents for this legal/official name change.

\_\_\_\_\_

4. My Social Security Number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

Sworn to and subscribed before me

This date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**RETURN FORM TO:  
OFFICE OF THE REGISTRAR**