



LIBRARY OF MICHIGAN
 CERTIFICATION OFFICE
 702 WEST KALAMAZOO STREET
 P.O. BOX 30007
 LANSING, MICHIGAN 48909



CERTIFIED PUBLIC LIBRARY STAFF NOTIFICATION OF NAME CHANGE

Complete this form to reflect a change of name. This completed form will be attached to your existing certification information on file with the Library of Michigan.

GENERAL INSTRUCTIONS:

Complete all sections of the application form. **PLEASE PRINT OR TYPE.**

Mail the completed form to the address indicated above. The form may also be faxed to 517-335-1522. Direct questions regarding this form to the Certification Office at 517-335-1516.

Applicant Information

| | | | | |
|---|-------------|----------------------|---------------|----------------------|
| LAST 4 DIGITS SOC. SECURITY NUMBER | | EMAIL ADDRESS | | DATE |
| NAME CHANGE | Last | First | Middle | CONTACT PHONE |

Maiden/Former Names

| | | | | |
|---------------------|---------------|-------------|--------------|-----------------|
| HOME ADDRESS | Street | City | State | Zip Code |
| LIBRARY | Street | City | State | Zip Code |

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICIAL USE

-DO NOT WRITE BELOW THIS LINE

Date Received _____

Received By _____