

NAME CHANGE REQUEST

Please note that name change requests require that we reprint your current certificate(s) with your new name. In order for your name change request to be processed, this form must be completed in its entirety. Incomplete forms will be returned. Concerned with the proliferation of identity theft, the department now requires submission of multiple forms of identification *and* the surrender of previously issued certificates that will be invalidated once the requested name change has been processed.

A. Type of Request. Select the *one* option that applies to your request for a name change.

Please check	
	Option 1: This request requires the reprinting of certificates which were previously issued. Complete sections B through H, and follow Section I directions. A fee of \$60.00 is required for each certificate to be reprinted.
	Option 2: I have not been issued any certificates in New Jersey. Complete sections C through G. No fee is required.

B. Reprinting of Certificates. Indicate the number of certificates you currently hold that you want reprinted.

		Fee Total
Number of certificates to be reprinted _____	X	Per certificate fee \$60.00
		\$
Please remember to enclose a personal check, certified check, or money order for the amount in the "Fee Total" column made out to the "Commissioner of Education" for duplicate certificates on which the new name printed in Section C below will appear.		

C. New Name. Please print your new name as it appears on any documentation that you are required to submit (per Section G).

Last Name	First Name	Middle Name/Initial

D. Previous Name. Please print your previous name as it appears on your current certificate(s). If you are an applicant – and have no current certificates – enter the name that appeared on your submitted application for certification.

Last Name	First Name	Middle Name/Initial

E. Has your address changed? Indicate if the address you will enter into Section F is a new address for you. Circle the correct response.

My address has changed, along with my change in name.	Yes	No
---	-----	----

F. Licensee's Current Address and Identification Information

Street Address				
City		State		Zip
Social Security Number		Date Of Birth	Month	Day Year
E-mail Address		Phone #	Area Code	

G. SUBMISSION OF IDENTIFICATION INFORMATION

The licensee is required to submit *no less than three* types of identification, including the mandatory photocopy of an individual's social security card, on which the licensee's new name must appear. Clear and legible photocopies of the card and papers should be attached to this form.

ACCEPTABLE DOCUMENTATION

	Indicate with check-mark if attached.
SOCIAL SECURITY CARD. A photocopy of the applicant's social security card <i>must</i> be submitted as one of three types of identification for the purpose of changing an individual's name. If your card has been lost, a replacement will need to be issued. To request a replacement card, please contact the Social Security Administration at 1-800-772-1213 or go to http://www.ssa.gov/ssnumber and click on Replacement Card. The remaining two items may be selected from the items listed below. Change requests that do not include a photocopy of the social security card, will be rejected.	REQUIRED

In addition to a copy of the applicant's social security card, select 2 of the following items for submission.	
1	Valid Marriage License
2	Certificate of Birth (Raised Seal Copy)
3	Valid New Jersey or Out-of-State Auto Operator License
4	United States Passport (current or expired within 3 years)
5	Adoption Papers
6	Certificate of Citizenship
7	Certificate of Naturalization
8	Valid United States Military Photo ID Card
9	Valid New Jersey Non-Driver Digital ID Card

H. STATUS OF LICENSES

Please list those certificates issued under your old name. For the purposes of security, each license issued to an individual must be accounted for. Next, to your right, check off one of the status boxes for each certificate (e.g., those to be reprinted with your new name, those not to be reprinted, etc.). A status indicator must be checked for each license. If no status box is checked, the request form will be returned.

In this section you will list all the licenses issued under your old name in **Column 1**, along with the date of issuance in **Column 2**. You will then identify by checking off the correct box those certificates that you want reprinted with your new name where the certificates are in your possession (**Column 3**) and those that are not in your possession (**Column 4**). You will also identify those certificates that you wish not to reprint with your new name that are in your possession (**Column 5**) and those that are not in your possession (**Column 6**).

1. Type of License (Elementary School, English, Student Personnel Services): List all licenses issued under your old name.	2. Date of Issuance: (mm/dd/yyyy)	Status Indicator			
		3. This license is in my possession and it is enclosed as per Section I.	4. This license is not in my possession. It is listed in Section K: Notarized Statement of Loss.	5. This license is in my possession and it is enclosed as per Section I.	6. This license is not in my possession. It is listed in Section K: Notarized Statement of Loss.

I. IDENTIFYING LICENSES FOR SURRENDER OR AS LOST

It is now required that previously issued under your old name be surrendered to the department and will be invalidated once the requested name change has been received and processed. Before new certificates reflecting your requested name change can be issued, you will need to identify those certificates with your old name that you have in your possession and those that you do not, regardless of whether they are to be reprinted with your new name or not.

For those licenses entered in Section H above:	NEXT STEPS
If you checked Columns 3 and 5 above	SURRENDER AND RETURN OF PREVIOUSLY ISSUED LICENSES. WHERE THESE OLD LICENSES ARE IN YOUR POSSESSION. Regardless if a license is to be reprinted or not, you are asked to enclose the certificate(s) to be surrendered, along with this completed form and your payment (certified check only) and to mail these items to the address below.
If you checked Columns 4 and 6 above	WHERE YOUR OLD LICENSES ARE NOT IN YOUR POSSESSION. Regardless if a license is to be reprinted or not, where the license is not in your possession, you must complete Section K on Page 5.

Mail this request, any enclosures, and your payment to:
 New Jersey State Department of Education
 Office of Licensure and Credentials
 P.O. Box 500
 Trenton, New Jersey 08625-0500
 Attention: Name Change Request

Applicant's Signature	Date (mm/dd/yyyy)
-----------------------	-------------------

IF YOU CHECKED COLUMNS 4 AND 6 UNDER SECTION H ABOVE, YOU MUST COMPLETE SECTION K ON THE NEXT PAGE

K. NOTARIZED STATEMENT OF LOSS

Where certificates previously issued to you are no longer in your possession (e.g., lost), please enter the information for each certificate as entered in Section H above. It is repeated here for the purposes of notarization.

List of Previously Issued Certificates No Longer in Your Possession

Type of License (Elementary School, English, Student Personnel Services)	Date of Issuance (mm/dd/yyyy)

Present this form to a notary public and have the following statement notarized. Once it is completed and notarized, mail the form and your payment to the address above. No certificate can be reprinted unless this form is notarized.

Applicant's Signature

Sworn to before me this _____ day of _____, 20_____

Notary Seal

Notary Signature

