

STATE OF MARYLAND
MARYLAND STATE ARCHIVES
350 ROWE BLVD
ANNAPOLIS, MD 21401

Name Change Documents

IMPORTANT: Documents are only available for those county circuit courts which have transferred their case files to the Archives. For more information as to which counties have transferred files, contact us by phone at 410-260-6487 or by email at msa.helpdesk@maryland.gov.

This form should **ONLY** be used to request a Name Change document within a legal case file. For the entire case file, please use the Legal Case Order Form.

Fees

All government-created Name Change documents will be certified. The non-refundable and non-transferrable fee is \$25.00 per copy.

Please Note: The Archives will attempt to locate the record based upon the information you provide, but we cannot guarantee results. If the search provides no record matching the information provided, the fee is not returned, and a notification letter from the Archives is issued.

Payment

Acceptable forms of payment include personal or corporate check or money order (payable to the Maryland State Archives), or major credit card (MasterCard or Visa). You may order in person at the Archives, by United States Mail, or by filling out and submitting the subsequent information by secure form.

If paying by credit card with this mail-in form, please complete the shipping information (bottom of page) and billing information (second page). If paying by personal or corporate check or money order, just complete the shipping information (bottom of page).

* Required

PLEASE PROVIDE INFORMATION NEEDED TO LOCATE THE NAME CHANGE DOCUMENT

Number of Copies Requested *: _____

Name prior to Name Change *: _____
(first/middle/last)

Name after Name Change *: _____
(first/middle/last)

Court of Jurisdiction *: _____ Date of Change *: _____
(city/county) (month/day/year)

Case Number (if known): _____

Additional Information: _____

SHIPPING INFORMATION

Name (Print) *: _____
(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Telephone # *: _____ Email *: _____

BILLING INFORMATION (if paying by card)

Name (Print) *: _____
(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Credit Card # *: _____ Credit Card (circle one) *: Visa MasterCard

Expiration Date *: _____ CVV (3 Numbers on Back) *: _____
(MM/YY) _____