

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

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**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](mailto: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).

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\* 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)