

**The Law Offices of Shelly B. West**

Three Energy Square  
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Dallas, Texas 75206

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consult \$ \_\_\_\_\_

**NAME CHANGE INFORMATION SHEET**

Date of Consultation: \_\_\_\_\_ Referred by: \_\_\_\_\_  
(today's date) (who referred you to our office, i.e., name of friend, attorney, or internet referral)

**PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Social Security# (last 4 digits only) \_\_\_\_\_

Birthdate: \_\_\_\_\_ D.L. # (last 4 digits only) \_\_\_\_\_ State: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address & County: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Numbers: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Other numbers: (Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

email Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

What would you like your name changed to? \_\_\_\_\_

Why do you want your name changed? \_\_\_\_\_

Have you been convicted of any criminal offense other than a traffic ticket? \_\_\_\_\_

Do you have an FBI or CID number? (If you don't know what this is, you don't have one.) \_\_\_\_\_

If you do, what is it? \_\_\_\_\_

If so, please give details: \_\_\_\_\_

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**How many attorneys have you had?** \_\_\_\_\_

**Have many times have you been married? (Include any marriages annulled)** \_\_\_\_\_

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**Have you ever been charged or convicted with a misdemeanor? If yes, please explain** \_\_\_\_\_

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**Have you ever been charged or convicted with a felony? If yes, please explain** \_\_\_\_\_

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**At what age did you graduate from high school?** \_\_\_\_\_