
GEORGIA NAME CHANGE PACKAGE

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This package is for use *after* you have changed your name to notify companies, government organizations and others of the change. This package is for persons who have changed their name by marriage, divorce, or court order.

Includes instructions and forms for changing your records, including, your (1) Social Security Card, (2) Driver's License and Vehicle Title, (3) Passport, (4) Post Office, (5) IRS and State Tax Commission, (6) Banks, (7) Credit Cards, (8) Doctors (9) Insurance Companies, (10) Clubs, Organizations and other like entities, (11) Employer, (12) Will, Contracts and (12) Retirement plans, as well as others.

Disclaimer: If you have a serious legal problem, you are advised to seek the advice of an attorney. Some forms are official forms and may be in .pdf format, which require the free Adobe Acrobat Reader for printing, available for downloading at <http://www.adobe.com>.

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SOCIAL SECURITY CARD

You may obtain a new social security card as a replacement by using official form SS-5. You may also change your name on your card by using the same official form. The card number will remain the same.

To get a replacement card, you usually need one identifying document. Some documents that Social Security Offices may accept as proof of identity are:

1. Driver's license
2. Marriage or divorce record
3. Military records
4. Employer ID card
5. Adoption record
6. Insurance policy
7. Passport
8. Health Insurance card (not a Medicare card)
9. School ID card

For a name change on your card, you need documentation that shows your old name and your new name.

Your new card will show your new name but will have the same number as your old card.

NOTE: Social Security Offices cannot accept photocopies of documents. You must submit original documents or copies certified by the custodian of the record. Notarized copies are not acceptable.

How to Obtain the Form

To download the SS-5 form (in .pdf format), click on the following link:

<http://www.ssa.gov/online/ss-5.pdf>

You must have the Adobe Acrobat Reader software to view the form. If you do not already have this special software, it can be easily and quickly downloaded here:

<http://get.adobe.com/reader/>

How to Complete the Form

Complete the SS-5 using the instructions on pages 1 and 6 of the form. See pages 2 and 3 of the form for the evidence that you will need to submit with your application.

Where to Send the Form

Finally, take or mail the SS-5 to the nearest Social Security office. Be sure to take or mail the originals or certified copies of your supporting documents along with the form. Your Social Security Office will return your original documents right away. Once Social Security has everything they need, they will send your Social Security Card in about two weeks.

If you are not sure where your local office is located, call 1-800-772-1213.

PASSPORT CHANGE OF NAME

The form required is form DS-5504, to be used within one year of passport issuance for name-changes, other information changes and extension of limited passports. If more than one year has passed, you must apply for a new passport. You may obtain this form from a post office or county clerk's office, or you may print the application form directly from the link provided in this package.

The form you submit must be clear and sharp. Applications that are blurred or illegible will not be accepted. They must be printed in black print on white paper. The paper must be 8 1/2 inches by 11 inches, with no holes or perforations, at least medium (20 lb.) weight, and with a matte surface. Thermal paper, dye-sublimation paper, special inkjet paper, and other shiny papers are not acceptable. Faxed DS forms are not acceptable.

This form is for applicants who need to:

- Change printed information in a passport (i.e. name change), OR
- Extend the validity of a 1-year, limited passport, OR
- Add additional visa pages to a valid passport (use form DS-4085).

The following items are needed to effectuate the change:

1. Current valid passport.
2. Original DS-5504 (Re-Application) or DS-4085 (Additional Visa Pages)
3. Certified copy of Legal Instrument that shows a name change. For example: Marriage Certificate, Divorce Decree or other. *(Whatever maybe the case).*
4. Proof of departure in a copy of your itinerary from your travel agent or airline or copy of your plane ticket showing departure date and destination.

DS-5504 (RE-APPLICATION) OR DS-4085 (ADDITIONAL VISA PAGES)

To download form DS-5504 (Re-Application) or DS-4085 (Additional Visa Pages) in .pdf format:

http://travel.state.gov/passport/forms/ds5504/ds5504_2663.html
http://travel.state.gov/passport/forms/ds4085/ds4085_2662.html

You need the Adobe Acrobat Reader software to view this and other .pdf format forms. If you do not already have this special software, it can be easily and quickly downloaded here:

<http://get.adobe.com/reader/>

Other Passport related forms may be downloaded from the following links:

Application for a U.S. Passport:

http://travel.state.gov/passport/forms/ds11/ds11_842.html

Application for a U.S. Passport by mail:

http://travel.state.gov/passport/forms/ds82/ds82_843.html

Replacing a lost or stolen Passport (DS-0011 also required):

http://travel.state.gov/passport/forms/ds64/ds64_845.html

**U. S. PASSPORT OFFICE
AUTHORIZATION FORM**

To Whom It May Concern:

I, _____, do hereby authorize _____
_____ or any other agent from _____ to receive my
passport or discuss the status of my application with a member of the Passport Office Staff.

Thank you for your assistance.

Signature

Date _____

POST OFFICE CHANGE OF NAME

You are not required to change your name at a post office. However, it is important to do a change of address if you also have a new address. You may locate a change of address packet at your local post office. You may also complete a form on-line and submit it to the post office by using the following link. Copy this link into the address window of your Internet browser.

[https://moversguide.usps.com/icoa/flow.do?
_flowExecutionKey=_cDE7B2494-88BC-3D7D-2875-
706A430AD3AF_k399D1FE5-B06A-596E-3C90-71D9BB67C8A7](https://moversguide.usps.com/icoa/flow.do?_flowExecutionKey=_cDE7B2494-88BC-3D7D-2875-706A430AD3AF_k399D1FE5-B06A-596E-3C90-71D9BB67C8A7)

The form allows you to enter your change of address information and then *print* your completed **Change of Address Form**. You may also include your new name, on the change of address form. You will then need to sign the form and either give it to your letter carrier or mail it to your local post office.

If you do not desire to use the on-line form, you may pick up a Mover's Package from your local post office.

NOTICE OF NAME CHANGE

To:		Date:
Address:		
City:	State:	Zip:
ID Number, if applicable:		
From (new name):		
Current Address:		
City:	State:	Zip:
Social Security Number:		
My Former Name:		
My Present (New) Name:		
To Whom It May Concern:		
This notice is provided to advise you that I have changed my name to the new name as provided above. Please change all records to my new name.		
The reason for the name change is:		
() Marriage		
() Divorce and resumption of my maiden name.		
() Name Change Court Order not connected with divorce.		
() Other: _____		
Please let me know if you need anything else.		
Sincerely yours,		
_____ Signature (New Name)		
_____ Signature (Former Name)		

NOTICE OF NAME CHANGE

To:		Date:
Address:		
City:	State:	Zip:
Account or Loan Number:		
Account or Loan Number:		
Account or Loan Number:		
From (new name):		
Current Address:		
City:	State:	Zip:
Social Security Number:		
My Former Name:		
My Present (New) Name:		
To Whom It May Concern:		
This notice is provided to advise you that I have changed my name to the new name as provided above. Please change all records to my new name. My address above: () is, () is not, a new address. The reason for the name change is: () Marriage () Divorce and resumption of my maiden name. () Name Change Court Order not connected with divorce. () Other: _____ Please let me know if you need anything else. Sincerely yours, _____ Signature (New Name) _____ Signature (Former Name)		

NOTICE OF NAME CHANGE

To:		Date:
Address:		
City:	State:	Zip:
Account Number:		
From (new name):		
Current Address:		
City:	State:	Zip:
Social Security Number:		
My Former Name:		
My Present (New) Name:		

To Whom It May Concern:

This notice is provided to advise you that I have changed my name to the new name as provided above. Please change all records to my new name.

The reason for the name change is:

- () Marriage
() Divorce and resumption of my maiden name.
() Name Change Court Order not connected with divorce.
() Other:

Please let me know if you need anything else.

Sincerely yours,

Signature (New Name)

Signature (Former Name)

NOTICE OF NAME CHANGE

To:	Date:
Address:	

City:	State:	Zip:
Account Number, if known:		
From (new name):		
Current Address:		
City:	State:	Zip:
Social Security Number:		
My Former Name:		
My Present (New) Name:		
To Whom It May Concern:		
This notice is provided to advise you that I have changed my name to the new name as provided above. Please change all records to my new name.		
The reason for the name change is:		
() Marriage		
() Divorce and resumption of my maiden name.		
() Name Change Court Order not connected with divorce.		
() Other: _____		
Please let me know if you need anything else.		
Sincerely yours,		
_____ Signature (New Name)		
_____ Signature (Former Name)		

NOTICE OF NAME CHANGE

To Employer:	Date:	
Address:		
City:	State:	Zip:
From (new name):		

Current Address:

City:

State:

Zip:

Social Security Number:

My Former Name:

My Present (New) Name:

To Whom It May Concern:

This notice is provided to advise you that I have changed my name to the new name as provided above. Please change all records to my new name.

The reason for the name change is:

- ☐ Marriage
- ☐ Divorce and resumption of my maiden name.
- ☐ Name Change Court Order not connected with divorce.
- ☐ Other: _____

Please let me know if you need anything else.

Sincerely yours,

Signature (New Name)

Signature (Former Name)

VOTER REGISTRATION

Depending on your state, you may change your voter registration at your city, town hall, or at the same time you change your driver's license number at the Department of Motor Vehicles (DMV). You can also register to vote when applying for services at State offices providing State-funded programs for the disabled, and at armed forces recruitment offices. In addition to these locations, many States offer registration opportunities at public libraries, post offices, unemployment offices, public high schools and universities.

The National Mail Voter Registration Form is the one document that allows you to register to vote from anywhere in the United States.

The National Form can be used to:

- Register out-of-town tourist and convention groups.
- Register people from surrounding States who work, shop, or attend events in a central city.
- Conduct voter registration drives, especially at colleges and universities.
- Register individuals at State agencies or other public offices.

Please Note the Following Exceptions:

- New Hampshire town and city clerks will accept this application only as a request for their own mail-in absentee voter registration form.
- North Dakota does not have voter registration.
- Wisconsin town, village, and city clerks will accept this application only as a request for their own mail-in registration form.
- Wyoming cannot accept this form under State law.

The following States will accept copies of this application printed from the computer image on regular paper stock, signed by the applicant and mailed in an envelope with the correct postage: Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Iowa, Kansas, Louisiana, Maryland, Michigan, Minnesota, Montana, Nebraska, New Jersey, New York, Oklahoma, Pennsylvania, South Carolina, Texas, Utah, Washington, West Virginia, and Wisconsin.

For the remainder of the States which do not accept copies of the National Mail Voter Registration Form, you may obtain a State voter registration form by a written request mailed to the address of the State election office listed in the State Instructions.

You may access voter registration requirements for all states – use this link:

http://www.eac.gov/files/voter/nvra_update.pdf

For further information, see the table on the next page.

State	Change Allowed at Department of Motor Vehicles	Mail in Allowed
Georgia	Yes	Yes
	Notes: More information on voter registration may be found at More information on voter registration may be found at http://sos.georgia.gov/elections/ Mailing Address: Office of the Secretary of State Elections Division 2 MLK Jr. Dr. S.E. Suite 1104, West Tower Atlanta, GA 30334	

NOTICE OF NAME CHANGE

To Landlord:		Date:
Address:		
City:	State:	Zip:
Address of Premises Leased:		
From (new name):		
Current Address:		
City:	State:	Zip:
Social Security Number:		
My Former Name:		
My Present (New) Name:		
To Whom It May Concern:		
This notice is provided to advise you that I have changed my name to the new name as provided above. Please change all records to my new name.		
The reason for the name change is:		
() Marriage		
() Divorce and resumption of my maiden name.		
() Name Change Court Order not connected with divorce.		
() Other: _____		
Please let me know if you need anything else.		
Sincerely yours,		
_____ Signature (New Name)		
_____ Signature (Former Name)		

NOTICE OF NAME CHANGE

To Insurance Company:		Date:
Address:		
City:	State:	Zip:
Policy Number:		Plan Number, if applicable:
From (new name):		
Current Address:		
City:	State:	Zip:
Social Security Number:		
My Former Name:		
My Present (New) Name:		
To Whom It May Concern:		
This notice is provided to advise you that I have changed my name to the new name as provided above. Please change all records to my new name. The reason for the name change is: () Marriage () Divorce and resumption of my maiden name. () Name Change Court Order not connected with divorce. () Other: _____ Please let me know if you need anything else. Sincerely yours, _____ Signature (New Name) _____ Signature (Former Name)		

NOTICE OF NAME CHANGE

To: Dr.	Date:
Address:	

City:	State:	Zip:
Patient ID if known:		
From (new name):		
Current Address:		
City:	State:	Zip:
Social Security Number:		
My Former Name:		
My Present (New) Name:		

Dear Doctor:

This notice is provided to advise you that I have changed my name to the new name as provided above. Please change all records to my new name.

The reason for the name change is:

() Marriage
 () Divorce and resumption of my maiden name.
 () Name Change Court Order not connected with divorce.
 () Other: _____

Please let me know if you need anything else.

Sincerely yours,

 Signature (New Name)

 Signature (Former Name)

**DEPARTMENT OF MOTOR VEHICLES
 CHANGE OF NAME ON DRIVER'S
 LICENSE**

To change your name on your driver's license, you will need to complete state specific forms usually provided from the Department of Motor Vehicles.

Most states require that you appear in person to change the name on your driver's license so that a new license can be issued. You can check the information below to see if your state allows you to change your name on your license by mail.

In order to change your license, you will need to present proof of the change. Proof of the change can be a certified copy of your marriage license, certificated copy of your divorce judgment containing the provision allowing you to reclaim your maiden name, or a certified copy of the Court order changing your name. Certified copies can be obtained from the office that issued the marriage license or the court clerk that issued the divorce decree or name change order.

You will also need to present your present license. You may desire to present your social security card, or passport as additional proof of identification.

Some Departments of Transportation also allow you to change your voter registration at the same time you change your license by completing additional forms.

Georgia	http://www.dds.ga.gov/ http://www.dds.ga.gov/drivers/DLdata.aspx?con=1742949265&ty=dl	
	Form Information	
	Notes: For a change of name, the individual must apply for the new driver's license within 60 days. The requesting party must also present a marriage certificate (if necessary) or a court order to a local examination station to make the necessary changes. Personal checks will not be accepted. Phone Number: (678) 413-8400 Other Contact Info: http://www.dds.ga.gov/Contact/index.aspx	

Will, Trust, Power of Attorney, Living Will, Health Care Proxy, etc.

Whether you changed your name by marriage, divorce or otherwise you will want to update or change your Will, Trusts, Power of Attorney, Living Will, Health Care Proxy and other legal documents.

Divorce or Marriage is a time to make a will if you do not have one, or to make a new will because your circumstances have changed. This name change guide does not include forms for a will. You may locate one to fit your needs at:

<http://www.uslegalforms.com>

This package does contain forms to amend legal documents to reflect your name change, as evidence of the change. These forms do not change the legal content of any of those legal documents.

If you do not have any of the legal documents identified, this may be a good time to consider whether you are in need of any of these documents.

The form provided is to be attached to your legal document. See next page for the form.

Notice of Name Change

NOTICE is hereby provided that _____ (former name)
has changed his/her name to _____, due to ()
marriage, () divorce, () Court Order, or () Other:
_____. The change is effective as of the ____ day
of _____, 20__.

Prior to the name change, I entered into or executed the following document:

Title of Document: _____
Date of Document: _____
Subject Matter of Document: _____

This Notice of Name Change is merely a Notice to all interested persons that
the above document remains in full force and effect and that
_____ (former name) is one and the same person as
_____ (new name).

DATED this the _____ day of _____, 20__.

Signature (Former Name)

Signature (New Name)

-----Notary, If Required-----

STATE OF _____ County of _____

The above Notice was SWORN TO AND SUBSCRIBED before me on this the _____ day of
_____, 20__, by _____ aka
_____. (Name aka Name)

Notary Public

My Commission Expires:
