



# Address Confidentiality Program

## Legal Name Change Form

For ACP use ONLY

Please fill out all applicable sections of this form prior to submitting

ACP #

<b>PARTICIPANT'S NEW LEGAL NAME (First, Middle, Last)</b>	<b>DATE OF BIRTH (mm/dd/yyyy)</b>
<b>PARTICIPANT'S PREVIOUS NAME (First, Middle, Last)</b>	
<b>CO-APPLICANT OR CHILDREN'S NEW NAMES (First, Middle, Last)</b>	
<b>A:</b>	
<b>B:</b>	
<b>C:</b>	
<b>D:</b>	
<b>E:</b>	
<b>F:</b>	
<u>Must provide a true signature, electronic signatures are not accepted.</u>	
_____ Signature of Applicant	_____ Date
_____ Signature of Co- Applicant (If Applicable)	_____ Date

Please send the completed form. **For the ACP to accept this application, you must send in a COPY of the court order granting your legal name change to:**

ACP  
PO Box 1108  
Salem, OR 97301

OR

Email the completed form to:  
[acp@doj.state.or.us](mailto:acp@doj.state.or.us)