

**KNIGHTS OF PETER CLAVER
LADIES' AUXILIARY**

Change of Name Form

(Please Note: This Form Must Be Filled Out In Duplicate)

Section 1 — For Use ONLY of Member Changing Name

Class No.

City and State

Cert. No.

20

Date

The Executive Director of the Knights of Peter Claver, Ladies' Auxiliary, is hereby requested and authorized to change the name on my Certificate of Membership and / or the records of the Office of Executive Director from _____ to _____

The reason for requesting this change is as follows: (check with X)

Marriage

Incorrect Name

I hereby surrender the certificate for this purpose, and I certify that I am the identical person originally insured under this certificate under the name to whom it is now issued.

Witnesses:

Signature of Member

(Please Note: At least one of the two witnesses must be a member of the Knights of Peter Claver)

Section 2 — For Use ONLY of the Court Requesting Change

The above change of name for Lady _____ has been made on the books of _____ Court No. _____ as of _____ 20_____.

SEAL

Signed: _____

Financial Secretary

Section 3 — For Use ONLY of the Office of Executive Director

The above change of name has been recorded as of _____ 20_____.

SEAL

Executive Director

White — Executive Director Yellow — Court Requesting Change