



The Siemon Law Firm

A Professional Corporation

Family Law and Criminal Defense

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Confidential Client Intake – Name Change (Adult)

Today's Date: _____

(NOTICE: No representation is provided until a signed fee contract is received and the retainer is paid).

Full Legal Name: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

County of Residence: _____

E-mail: _____

Telephone Numbers:

Home: () _____

Cell Phone: () _____

Work: () _____

Alt # () _____

How did you learn of our firm? _____

If this individual is an attorney or other professional, to what firm/practice does he/she belong?

Can we send a thank you letter to the person who referred you to our office? _____

I want to change my name to: _____

The reason(s) that I want to change my name is: _____

I am not attempting to defraud another of any rights by seeking a name change _____(initial)

S.S. No.: _____