

COURT REPORTERS CERTIFICATION BOARD
A Division of the Office of Court Administration

CHANGE OF ADDRESS AND/OR NAME FORM

THIS FORM MUST BE TYPED

Certification/File Number:	Full Legal Name: <i>(Last, First, Middle)</i>

Is this a name change: <i>Supporting documentation required for name changes. (e.g. copy of marriage license, divorce decree, or court order.)</i>	Reason for name change:
_____ Yes (or) _____ No	

Name as you wish it to appear on license: <i>(Last name, First Name, Middle Initial only)</i>

Mailing Address:			
City:	State: <i>(xx)</i>	Zip Code + Four: <i>(123245-1234)</i>	

County:	Phone Number: <i>(123-123-1234)</i>	Facsimile Number: <i>(123-123-1234)</i>

E-mail Address:	
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Name of Business/Employer:	
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Business Address:			
City:	State: <i>(xx)</i>	Zip Code +Four: <i>(123245-1234)</i>	Phone Number: <i>(123-123-1234)</i>

_____ **Date**

_____ **Signature**

Please return this completed form to:
Court Reporters Certification Board
PO Box 13131, Austin, TX 78711-3131
Or FAX to (512) 463-1117