

Notice of Name Change

Safe at Home Address Confidentiality Program

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-253-3043

sos.tn.gov/safeathome



Tre Hargett
Secretary of State

This form should be used when a Program Participant obtains a legal change of name. Participants are required to provide notice of all legal name changes within ten (10) business days of the name change. This form may be submitted by mail to the address above or via email to TNSOS.SAFE@tn.gov.

PARTICIPANT INFORMATION

PARTICIPANT'S FORMER NAME

First: _____ MI: _____ Last: _____

Date of Birth: ___/___/___ Participant ID#: _____ SSN: _____

PARTICIPANT'S CURRENT NAME

First: _____ MI: _____ Last: _____

Date of Legal Name Change: ___/___/___ Case Number: _____

Participant **MUST** attach documentation of the legal name change. If sufficient documentation is not provided, the requested change cannot be implemented.

PARTICIPANT'S CONTACT INFORMATION

Phone: _____ Email: _____

Parent or Guardian Name: _____ Phone: _____

Applicant's Residential Address: The residential address should be the address where Participant actually resides. Participant must report changes to Participant's residential address by submitting a Notice of Change.

Street: _____

City: _____ ST: _____ Zip: _____ County: _____

Applicant's Mailing Address: This should be the address where the Office of the Secretary of State can reach Participant and to which all mail received at the substitute address will be forwarded. Participant must report changes to Participant's mailing address by submitting a Notice of Change.

Street: _____

City: _____ ST: _____ Zip: _____ County: _____

PARTICIPANT INFORMATION

Please list the names, participant ID numbers, and date of birth of any Co-Applicants residing in Participant's Household. Co-applicants may be the Program Participant's minor children, legal dependents or legal guardians. If any of these Co-Applicants have also obtained a legal change of name, please provide both their former and current name and documentation of the legal name change.

Name: _____ Participant ID: _____

DOB: ___/___/___ Former Name: _____

Name: _____ Participant ID: _____

DOB: ___/___/___ Former Name: _____

Name: _____ Participant ID: _____

DOB: ___/___/___ Former Name: _____

Name: _____ Participant ID: _____

DOB: ___/___/___ Former Name: _____

PARTICIPANT SIGNATURE

Participant Signature

Date