



Name Change Clinic Registration Form

Name _____

Address _____

County of Residence _____

Phone _____

Email _____

Which state were you born in? _____

I need (check all that apply)

- To update my state ID card
- To update my birth certificate
- To update my Social Security Card
- To update or get a Passport
- To change my name

Please answer the following questions to help us better serve you today:

Are you 18 or older	Yes	No
Were you born in Oregon?	Yes	No
Do you have a criminal record?	Yes	No

