



Degree of Honor Protective Association
 400 Robert Street North, Suite 1600
 Saint Paul, MN 55101-2029

REQUEST FOR NAME CHANGE

Name presently on Degree of Honor files: _____

Present address: _____

Policy Number(s): _____ Social Security Number: _____

Birthdate: _____ Lodge and State: _____

Name as recorded on birth certificate: _____

Name used at present time: _____

Reason for name change (circle one): Marriage Adoption Other

If "Other," has your name been changed by Court Order? _____ Yes _____ No

If yes, please enclose a copy of the Court Order for our records.

If no, I have read and certify the following statement to be true:

"I hereby state that I prefer to use the above name as a matter of convenience and with no intent to defraud and that I have not changed my name through any court procedure. I further state that I am one and the same person whose name appears on the above referenced birth certificate."

 Authorized Association Representative

 Signature

OR

State of _____ ,

County of _____ .

Subscribed and sworn to before me
 this _____ day of _____ , _____ .

 Notary Public

"Notary Seal"

Degree of Honor ENDORSEMENT:

The name on the above policy has been changed on the records of the Association, effective as of the _____ day of _____ , _____ , in conformity with the foregoing request which is hereby approved, and this endorsement has been recorded in the Home Office at St. Paul, Minnesota, this _____ day of _____ , _____ , recorded by: