Board of Overseers of the Bar

Change of Information and Replacement Card Request Form
For more information, see M. Bar R. 6(a)

Attorney Name:_____ Bar Number: _____
First M. Last Suffix

Section I. Change of Attorney Name

Please change my name on record with the Board of Overseers of the Bar to the name listed below.
Note: Name change request shall be accompanied by a copy of the name change order, such as marriage license, divorce decree, court order, etc.
New Name: _____
First M. Last Suffix

Section II. Change or Verification of Attorney Address

Please ☐ change or ☐ verify my contact information as specified below.

Office/Firm Contact Information

_____
Office/Firm Name

_____
Address

_____
Address

_____
City State Zip

_____
Phone Fax

_____
Email Address

Residence Contact Information

_____
Address

_____
Address

_____
City State Zip

_____
Phone Fax

_____
Email Address

Section III. Select Preferred Mailing Address

My preferred mailing address is:

☐ Residence or ☐ office.

Section IV. Jurisdiction Changes

Where: _____ Date: _____

Attach additional jurisdictions on a separate sheet.

Section V. Request for Replacement Card

I am requesting a replacement card because:

☐ I have had a change of name.

☐ The card issued for the current fiscal year has been lost or destroyed.

Section VI. Changes to IOLTA

This form can be found at: www.mbf.org

Complete and attach to this form.

I certify that the information I am providing on this form is true and accurate.

_____ _____
Attorney Signature (Required) Date

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