

Name Change Request

This form will be accepted through Dec. 31, 2026.

Contact DANB with any questions at 1-800-367-3262 or email docreview@danb.org.

Email form to: docreview@danb.org

Policy

To change your name on file with DANB, you may submit a Name Change Request by logging into your online DANB account (www.danb.org), or you may submit this form with required documentation.

Requests submitted online will be processed within 2-5 business days. Paper requests will be processed within 2 weeks. Once a request with appropriate documentation has been processed, or if additional information is needed, an email will be sent to your email address on file.

	Nan	ne Change Documentatio	n		
Documentation being submitted (documentation must identify the current and previous name):					
Copy of marriage certificate					
Copy of divorce certificate					
Copy of cou	Copy of court documents identifying the name change				
Please submit copies of your documentation. Original documents will not be returned.					
Request a Name Change					
DANB ID or certifica	te number				
Update my name to	Last				
	Last		First	M.I.	
Previous Name:					
	Last		First	M.I.	
Email (required)					
Home Address					
City		State	Zip		
Phone Numbers	Office	Cell or Home			
I hereby officially request to change my name as noted above.					
Signature X		Date X			