FORM

# CHANGE OF NAME

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**Colorado Department of Law**
**Criminal Justice Section, POST Board**
**1300 Broadway 9th Floor**
**Denver, CO 80203**
**post@coag.gov**
**720-508-6721 FAX 866-858-7486**

*July 2016*

Name: _____
(as it appears on certificate) Last First Middle

Email Address: _____

POST PID # _____ (000000 or 0000-0000)

Date of Birth: _____ Gender: ☐ M ☐ F

***NOTE: All personal information provided to POST is confidential and will not be released to the public, pursuant to § 24-72-204, C.R.S.***

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**Complete all information below for the reported change(s), as applicable:**

_____
New Last Name New First Newl Middle

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**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AFFIDAVIT AND ACCOMPANYING DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE STATEMENT, MISSTATEMENT, OR INACCURACY MAY RESULT IN REVOCATION OF MY CERTIFICATION, AS WELL AS CRIMINAL PROSECUTION.**

_____ Date: _____-_____-_____
*Applicant's Signature*

Please scan and email, fax, or mail a copy of this completed form **WITH NAME CHANGE DOCUMENTATION** (Driver's license, marriage license, court order) to the above email/address/fax number.

**ADDRESS CHANGES CAN BE COMPLETED USING THE POST PORTAL.**
https://copost-portal.acadisonline.com/AcadisViewer/Login.aspx?ShowSessionTimeout=true
Please contact POST if you do not have portal access.