



MECKLENBURG COUNTY SHERIFF'S OFFICE

700 East Fourth Street
Charlotte, NC 28202

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GARRY L. MCFADDEN
SHERIFF

CELESTE D. YOUNGBLOOD
CHIEF OF DETENTION

CHRISTOPHER O. ALLEN
CHIEF DEPUTY SHERIFF

SHELBY JONES
CHIEF OF STAFF

OFFICIAL DOCUMENTATION FOR A NAME CHANGE

Date: _____

To Whom It May Concern:

The below concealed carry permittee has requested an official name change with our agency on the above date. This is an official document prepared by our agency advising the name was changed on his/her valid concealed carry permit. This document must be carried by the permittee along with their valid permit to reflect the name change to remain in compliance.

Permittee's Name: _____
Last First Middle

Permit Number: _____ Date of Birth: ____/____/____
Month Day Year

Permittee Name Changed To: _____
Last First Middle

Reason Name Changed*: ☐ Separation/Divorce ☐ Legal Name Change ☐ Marriage ☐ Other _____

*Attach any supporting documentation (i.e. court documents) to this form and retain in your files.

I affirm, under the penalties for perjury, that the foregoing information is true to the best of my knowledge.

Signature Date

State of North Carolina, County of *Mecklenburg*

Sworn and subscribed before me, this the _____ day of _____, _____.

Notary Public My commission expires: _____

Sheriff's Office Use:

Form Received by: _____ Date Received: _____

Modified in DCI by: _____ Date Completed: _____

☐ Supporting document(s) received

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