



# Mecklenburg County Sheriff's Office

700 East Fourth Street  
Charlotte, NC 28202

T (704) 336-2543 • F (704) 336-6118

www.mecksheriff.com

Garry L. McFadden  
Sheriff

Rodney M. Collins  
Chief Deputy Sheriff

Telisa E. White  
Chief of Detention

Jason R. Beebe  
Chief Deputy Sheriff

## 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