

NAME CHANGE NOTICE FORM

Enter your information into the form below; the text within the box will publish exactly as shown/provided.

NAME CHANGE NOTICE

A hearing will be held on _____ at _____ a.m.
p.m.

in Courtroom No. _____, _____ floor of the Lancaster County Courthouse,

50 N. Duke St., Lancaster, PA, regarding the request of

_____ to change _____ name

from _____

to _____.

Any person with objections may attend and show cause why the request should not be granted.

Date(s) requested to publish. (optional)

This will publish in LNP unless the Ephrata Review or the Lititz Record Express is requested in the line above.

Billing Information*

Name

Phone

Home Address

Email Address

*Prepayment is required for private parties and new business accounts.