

# 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)

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

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## Billing Information\*

\_\_\_\_\_

Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Home Address

\_\_\_\_\_

Email Address

\*Quotes are provided after this form is submitted.  
Prepayment is required for private parties and new business accounts prior to publication.