

**J. J. STANIS and COMPANY, INC.**

377 Oak Street • Suite 406  
Garden City • New York 11530

**REQUEST FOR CHANGE OF NAME**  
(Please Print All Information)

Phone: (516) 465-3900  
Fax: (516) 465-3920

POLICY HOLDER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

INSURED NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  MALE  FEMALE

SOCIAL SECURITY NUMBER: \_\_\_\_\_

My name has been changed by reason of \_\_\_\_\_  
(MARRIAGE OR COURT ORDER) (EFFECTIVE DATE)

From \_\_\_\_\_

To \_\_\_\_\_  
Please change your records accordingly

Date \_\_\_\_\_  
(WRITTEN SIGNATURE OF INSURED)