



INDIANA SUPREME COURT

Commission for Continuing Legal Education

MEDIATOR REGISTRY INFORMATION

AFFIDAVIT FOR NAME CHANGE

1. My current name and mediator number for the Indiana Directory of Registered Mediators:

FIRST:

MIDDLE:

LAST:

MEDIATOR NUMBER:

2. Date of Marriage or
name change event:

STATE:

COUNTY:

3. My new legal name (which is how my name will appear on the Indiana Directory of Registered Mediators):

FIRST:

MIDDLE:

LAST:

Attached is a copy of my driver's license or Social Security card or court order showing the new name.

VERIFICATION

I SWEAR OR AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE.

DATE:

SIGNATURE:

RETURN THIS FORM BY MAIL, EMAIL OR FAX TO:

Commission for Continuing Legal Education
Attn: Mediator Registry
30 South Meridian Street, Suite 950
Indianapolis, IN 46204-3564
FAX: 317-233-1442
EMAIL: cle@courts.in.gov