



State of New Jersey

NAME CHANGE REQUEST FOR LAW ENFORCEMENT AND CORRECTION OFFICERS

Division of Criminal Justice
Police Training Commission
P.O. Box 085
Trenton, NJ 08625
Phone 609-376-2800
Fax 609-984-4473

To change your legal name, send in a copy of a government-issued document with this form such as: (unexpired) Driver's License, Marriage Certificate, or Court Order. Please attach the documents to this form. **Fax or mail this form to the PTC, using the contact information above.**

PTC ID: _____

DOB: _____

Last 4 of SSN: _____

Work Email Address: _____

Previous Name: _____

Requested Name Change: _____

Signature: _____

Please do not send in any original, certified or notarized documents. Once the request is processed, all documentation will be destroyed for your protection.