



## Name Change Form

Old Owner Name: \_\_\_\_\_ (Please print)

New Owner Name: \_\_\_\_\_ (Please print)

Owner Number: \_\_\_\_\_

Last 4 of Taxpayer ID / Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if this is a new address and you would like Hilcorp to update our records

<p><b>Old Address:</b> <b>(if applicable)</b> _____ _____ _____</p>
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### Contact Information:

Home: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Type of document attached:

Marriage License

Divorce Decree

Other (please specify)\* \_\_\_\_\_

*\*Please note that a copy of a photo ID is not sufficient evidence to show a legal name change*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please provide any special instructions: \_\_\_\_\_  
\_\_\_\_\_