



# HERMANN SONS LIFE

## Name Change Request Form

Date \_\_\_\_\_ Certificate No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

In regard to the above mentioned certificate, I request the name be changed to:

\_\_\_\_\_

The reason for this change request is:

\_\_\_\_\_

**If the reason for this request is anything other than marriage, a copy of legal documentation confirming said change must be provided.**

\_\_\_\_\_  
Signature of Insured

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature

*Mail completed form to: Hermann Sons Life, P.O. Box 1941, San Antonio, TX 78297-1941.  
Home Office Phone: 800-234-4124 or 210-226-9261 • Website: [hermannsonslife.org](http://hermannsonslife.org)*