



Colorado Department of Law
 Criminal Justice Section, POST Board
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CHANGE OF NAME

FORM

5

October 2020

PLEASE REFER TO POST RULE 17

POST RULE

17

Name: _____
 (as listed on original certification) Last First Middle

Email Address: _____

POST PID #: _____

Date of Birth: _____ Gender: M F Other

Complete all information below for the reported change(s), as applicable:

 New Last Name New First New Middle

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AFFIDAVIT AND ACCOMPANYING DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE STATEMENT, MISSTATEMENT, OR INACCURACY MAY RESULT IN REVOCATION OF MY CERTIFICATION, AS WELL AS CRIMINAL PROSECUTION.

Applicant's Signature Date: ____ - ____ - ____

Please submit **NAME CHANGE DOCUMENTATION** (Driver's license, marriage license, court order, etc.) electronically.