

MARYLAND DIVISION OF CORRECTION

Inmate Request for a Name Change

Committed Name: _____

Alias Name: _____

DOC/CL/SID: _____

Part A:

I am requesting to change my name voluntarily. I understand that my official name will remain my committed name in all institutional and criminal history records, and that my new name shall be listed as an alias.

Reason for Request: _____

Inmate signature (committed name): _____

Inmate signature (alias name): _____

Witness: _____ Date: _____
Name/Title

Part B:

Warden's Review:

Approved Disapproved

Comments: _____

Signature: _____ Date: _____

Original: Inmate Record

cc: Commitment, Medical, ID Officer, Mailroom, Psychology, Education,
Inmate Accounts, Chief of Security, Chaplain

(Revised 2-18)