



# SOBOBA TRIBAL GAMING COMMISSION

Licensing Division

PO Box 610 \* San Jacinto, CA \* (951) 665-1000 \* Fax (951) 487-0042

## NAME CHANGE DISCLOSURE FORM

**\*\*NOTE\*\* If you have recently changed your name, you must submit a copy of your CA Driver's License or CA Identification Card and Social Security Card reflecting the name change to the Licensing Division.**

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gaming License #: \_\_\_\_\_ Employee #: \_\_\_\_\_

I have recently changed my name for the following reason:

- I was recently married
- I was recently separated / divorced
- Other

If you were recently married, provide the following information:

Spouse's full name: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

If you answered "Other," provide an explanation as to why you have changed your name. Be sure to include the name of the court, as well as the City and State of the court that you had your name change paperwork processed at.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reviewed this statement and believe it to be true and accurate to the best of my recollection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

