

Name Change Declaration for Insurance Companies

Date: [Insert Date]

To Whom It May Concern,

I, [Your Old Name], hereby declare that my name has been officially changed to [Your New Name] as of [Date of Name Change].

This name change is reflected in my identification documents, and I have attached a copy of the official name change certificate for your records.

Kindly update your records to reflect my new name on all my existing insurance policies with [Insurance Company Name], with policy numbers [List Policy Numbers].

Thank you for your prompt attention to this matter.

Sincerely,

[Your New Name]

[Your Address]

[Your Phone Number]

[Your Email Address]