



**TOWN OF BELMONT**  
TOWN CLERK'S OFFICE  
455 CONCORD AVENUE  
BELMONT, MASSACHUSETTS 02478

ELLEN O'BRIEN CUSHMAN  
TOWN CLERK

TEL. (617) 993-2600  
FAX (617) 993-2601

**NOTICE OF CHANGE OF NAME - VOTER**

**Please Print:**

I hereby request a change my name effective: \_\_\_\_\_  
Date

Voter New Name: \_\_\_\_\_  
Date of Birth

Voter Former Name: \_\_\_\_\_

Address: \_\_\_\_\_ Belmont, MA 02478

**Signature of the Voter** \_\_\_\_\_

*Please note: Massachusetts General Law requires the signature of the voter to authorize this move.*