



Minerva Authenticity Endowment Fund Application for Name Change Fees

DATE: _____

Legal Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Reason for Application:

Name changes for gender confirmation

Other: _____

Courthouse/County:	_____
Amount/Date Needed:	_____
Newspaper:	_____
Amount/Date Needed:	_____
SSA Amount/Date:	_____
DMV Amount/Date:	_____
Other Fees (please list):	_____
Amount/Date Needed:	_____

For Administrative Purposes

Approved by:	
Date:	
Court Payment/Date:	
Newspaper Payment/Date:	
Add'l Payments and Dates:	

