CONCEALED HANDGUN PERMIT CHANGE OF ADDRESS FORM

Permittee's Name:

_____

Last First Middle

Permit Number: NC_____ **DOB:**_____

Today's Date: _____

Provide Copy of NC Drivers License with new address

Effective Date: _____

Address as Currently Displayed on Permit:

_____

Apt. # Street # Street Name

_____

County City State ZIP

New or Changed Information:

_____

Apt. # Street # Street Name

_____

County City State ZIP

Permittee Name Changed to:

_____

Last First Middle

Reason Name Changed*: ❑ Separation/Divorce ❑ Legal Name Change
❑ Other_____

_____

* Attach any supporting documentation (i.e. court documents) to this form and retain in your files.
$15.00 Certified Check or Money Order Only for Name Changes made out to: Guilford County Sheriff's Office

Sheriff's Office Use:
Form received by _____ **Date Received**_____

Once necessary verification has been done, a MODIFY (MCG) transaction should be done to show the changes indicated above.