

# AFFIDAVIT OF CHANGE OF NAME

STATE OF MONTANA  
COUNTY OF \_\_\_\_\_

RETURN TO: MONTANA DEPARTMENT OF LIVESTOCK  
PO BOX 202001  
HELENA, MT 59620-2001

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\_\_\_\_\_, BEING FIRST DULY SWORN, DEPOSES AND SAYS; THAT (HIS) (HER)

MAILING ADDRESS IS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNTY OF \_\_\_\_\_, STATE OF MONTANA;

AND THAT \_\_\_\_\_ AND \_\_\_\_\_  
ARE ONE AND THE SAME PERSON.

THIS AFFIDAVIT IS SUBMITTED ON ORDER THAT THE RECORDS OF THE RECORDER OF MARKS AND BRANDS OF THE STATE OF MONTANA MAY BE CORRECTED AND A DUPLICATE CERTIFICATE ISSUED AS EVIDENCE THEREOF.

DRAW  
BRAND  
HERE



POSITION ON CATTLE \_\_\_\_\_  
POSITION ON HORSES \_\_\_\_\_  
POSITION ON SHEEP \_\_\_\_\_ PAINT COLOR \_\_\_\_\_  
POSITION ON OTHER (SPECIFY) \_\_\_\_\_

SIGN PRESENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF MONTANA COUNTY OF \_\_\_\_\_ SIGNED BEFORE ME ON \_\_\_\_\_ BY \_\_\_\_\_

SIGNATURE OF NOTARY \_\_\_\_\_

MONTANA NOTARIES MUST COMPLETE THE FOLLOWING IF NOT PART OF STAMP AT LEFT:

PRINTED NAME OF NOTARY \_\_\_\_\_

NOTARY PUBLIC FOR THE STATE OF \_\_\_\_\_

RESIDING AT \_\_\_\_\_

(AFFIX NOTARIAL SEAL/STAMP ABOVE)

MY COMMISSION EXPIRES \_\_\_\_\_ - \_\_\_\_\_ -20