

CONCEALED FIREARM PERMIT

**NAME CHANGE
FORM**

NAME: _____ **DATE:** _____

PERMIT#: _____

PHONE NUMBER: (____) _____

CURRENT Name and ADDRESS: _____

PREVIOUS NAME AND ADDRESS: _____

Required Handwritten

SIGNATURE: _____

The fee for a new permit with your name change is \$5.

Please attach a \$5 Money Order or Cashier's Check along with a copy of your legal document that shows the name change to the following address:

**DIVISION OF CRIMINAL INVESTIGATION - CFP
STATE OF WYOMING
208 S. COLLEGE DRIVE
CHEYENNE, WY 82002-0150**