

**Change of Address Form  
Candidates for Admission to the Bar Only**

Candidate ID Number

Applicable Bar Examination

\_\_\_\_\_  
5 digit number - Year

Feb \_\_\_\_\_ July \_\_\_\_\_  
Month Year

Name: \_\_\_\_\_  
Last First MI Title  
(e.g., Jr., Sr., II, etc.)

Old Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\*\*\*\*\*

**New Address:**

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

If this is a New Jersey address, you must identify the County:

\_\_\_\_\_  
New Jersey County

Work Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Send to:  
Secretary, Board of Bar Examiners  
P.O. Box 973  
Trenton, NJ 08625-0973