

State of Maine

Change of Commission Information

For a Dedimus Justice

Current name under which you are authorized to act as a Dedimus Justice:

New name under which you will be authorized to act as a Dedimus Justice:

Current home mailing and physical address: (please provide complete address for both including zip code)

(mailing address)

(physical address, if different from above)

Current town/city of residence:	
E-mail address:	
Date of Birth:	
Telephone numbers: Home:	Work:
Effective date of the change of information:	

Please note: If you wish to receive a new certificate of office due to a change of name or legal residence, please include a copy of your certificate with this form.

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