UTAH SUPREME COURT

450 South State Street PO Box 140210 Salt Lake City, UT 84114-0210

Phone number: 801-578-3900 Email: supremecourt@utcourts.gov

REQUEST FOR REPLACEMENT ATTORNEY CERTIFICATE

Please note: The fee for a replacement of your attorney certificate provided by the Utah Supreme

Court is \$25.00 per certificate (plus \$3.90 if certificate is to be mailed). Payment is due in advance by check or credit card if item is to be mailed. Make checks payable to

	•	if item is to be mailed. Make checks payable to ormation will be obtained separately.
Name:		Bar Number:
Daytime Phon	e No	
Please spell yo	our name as you want it to appear or	your certificate: * if you are requesting a change in
your name please	provide reason*	
Please provid	e the date of your admission to the U	Jtah State Bar:
Quantity:		
Payment meth	nod: (Please select)	
□ En	ertificate(s) to be paid for at time of paclosed is a check for certificate(s). preme Court to send link to pay by	•
•	od: (Please select) preme Court to mail certificate(s) to	
-OR-		
□ Su	preme Court to call applicant when	certificate is ready for pick-up.
Signature of a	pplicant:	Date:
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For office use of	•	