

SUPREME COURT OF ALABAMA
Certificate Request Form

Requestor's Name: _____

Requestor's Firm or Organization Name: _____

Requestor's Telephone Number: _____

Requestor's E-Mail Address: _____

Attorney's Full Name as Admitted to the Alabama State Bar:

First: _____ Middle: _____ Last: _____

Attorney's Alias:

First: _____ Middle: _____ Last: _____

Attorney's Firm or Organization Name: _____

Attorney's Date of Admission to the Alabama State Bar:

Month: _____ Day: _____ Year: _____

Certificate Mailing Address:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Quantity of Certificates of Admission (\$40.00/each): _____

Quantity of Certificates of Good Standing (\$15.00/each): _____

Total Amount Enclosed: _____

Additional Comments: _____

Make Check or Money Order Payable to:
Clerk of the Supreme Court of Alabama

Submit Request and Payment to:
Office of the Clerk of Court
Supreme Court of Alabama
ATTN: Certificate Requests
300 Dexter Avenue, Suite 3-300
Montgomery, Alabama 36104