

# CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships)  
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

PRINTED NAMES & RESIDENCES OF MEMBERS OF BUSINESS:

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

Form prepared by: \_\_\_\_\_

*I affirm, under the penalties for perjury, that I have taken reasonable care to redact each  
Social Security number in this document, unless required by law.*

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[Signed & printed; printed; or stamped name of individual]