

APPLICATION FOR NAME CHANGE

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Instruc ons: Complete, sign and return this form to the Bureau of Professional Licensure, with a copy of the legal document that changed your name. (Examples include a court order, marriage cer ficate, or dissolu on of marriage decree). Returns may be made by mail to Bureau of Professional Licensure, 321 E 12th St., Des Moines, IA 50319; by fax to 515-281-3121; or by email to PLPublic@idph.iowa.gov.

Sec on I - Applicant Informa on

Previous Name: _____
Last First Middle

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Sec on II - Iden ty Verifica on

Date of Birth _____ / _____ / _____
Month Day Year

Last 4 Digits of SSN: XXX - XX - _____

New Name: _____
Last First Middle

Sec on III - Licensee Affirma on

My signature on this form affirms that the informa on I have provided on this request is true and accurate. I have truthfully represented my iden ty in this request for a name change in my licensure record.

Signature Date

If you wish to receive new licensure documents **due to your name change**, complete the following:

Request 8x10 license certificate. The fee is \$20. Make check/money order payable to your licensing board.

Note: If you are renewing or reactivating your license, request the name change first. A name change can take between 24-72 hours to complete in the Board office. Once the name change has been processed, renew/reactivate your license so the new cards will reflect your new name.