

Oklahoma Board of Nursing  
2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800  
[www.ok.gov/nursing](http://www.ok.gov/nursing)

**NAME CHANGE REQUEST**

**Instructions:** Please complete the information below. You must submit the application form with certified evidence to verify legal change of name and the fee of **\$25.00** in the form of a personal check, money order, or certified check. All fees are non-refundable. **Please attach your current license card to this form so that we can issue and mail a duplicate license card to you.**

Date \_\_\_\_\_ License Number # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Type of License/Certificate \_\_\_\_\_  
(RN, LPN, or AUA)

**REASON FOR NAME CHANGE:**

Marriage \_\_\_\_\_ Divorce \_\_\_\_\_ Court Order \_\_\_\_\_ Other \_\_\_\_\_

**Attach certified evidence (copy of affidavit, marriage license, divorce decree, or court order notarized by a Notary Public or stamped with the court seal to verify the document is a true copy of the original) to verify legal change of name.**

**I HEREBY REQUEST MY NAME BE CHANGED:**

FROM: \_\_\_\_\_  
FIRST MIDDLE MAIDEN (if applicable) LAST

TO: \_\_\_\_\_  
FIRST MIDDLE MAIDEN (if applicable) LAST

**NAME TO APPEAR ON LICENSE CARD (THREE FULL NAMES):**

\_\_\_\_\_  
FIRST MIDDLE OR MAIDEN LAST

Note: Three full names are required for the license card. Do not use initials, unless the initial is the legal name. If you do not have a middle or maiden name, indicate "NMN".

**CURRENT ADDRESS OF LICENSEE:** (Please check here if this is a new address \_\_\_\_\_)

\_\_\_\_\_  
Street Address or Box Number

\_\_\_\_\_  
City State Zip Telephone Number

**AFFIDAVIT**

**I hereby certify that I am the licensee listed above and that the statements contained in this document are true and correct.**

**Signature of Licensee** \_\_\_\_\_  
FIRST MIDDLE MAIDEN (if applicable) LAST