OKLAHOMA BOARD OF NURSING
2915 North Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800

REQUEST FOR SOCIAL SECURITY NUMBER CHANGE/CORRECTION

Date_____ Oklahoma License # _____ RN_____LPN_____

Incorrect/Old Social Security # _____ Correct Social Security # _____

Name_____ Phone #_____
First Middle Maiden Last

Address_____
Full Street Address City State Zip Code

I REQUEST A CHANGE/CORRECTION IN MY SOCIAL SECURITY NUMBER FOR THE REASONS STATED BELOW. (Please describe the reason for requesting the change or correction)

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Notice: You must sign the affidavit in front of a Notary Public – **DO NOT PRINT OR USE INITIALS.**

_____

AFFIDAVIT

I certify that I am the Oklahoma Licensee Listed above and that all statements herein are true and correct.

Signature of Licensee_____
First Middle Maiden Married

Subscribed to and sworn before me this_____ Day of_____ (Year)_____

_____ _____
Commission Expires Signature of Notary Public

(SEAL)

THIS AFFIDAVIT MUST BE ACCOMPANIED BY A COPY OF YOUR SOCIAL SECURITY CARD