# HOW TO REQUEST A NAME CHANGE

All name changes must be approved by the Oklahoma State Board of Osteopathic Examiners.

**Requests for name changes should be addressed to:**
**Oklahoma State Board of Osteopathic Examiners**
**4848 North Lincoln Boulevard, Suite 100**
**Oklahoma City, OK 73105**

## What to include in your request for a name change:

1. A letter requesting the name change and the reason for the change. Include a statement as to how you would like your new name to appear on your license.

2. Legal document(s) to support the name change: Copy of Marriage License, Divorce Decree, Court Order, or other supporting documents.

3. A check in the amount of fifty dollars ($50.00) *if* you would like a new license prepared for you to frame for your office wall using your new name.

Note: There is no fee if you prefer to keep your current wall license, but please note that in your letter when requesting the name change.

## What happens *after* the Board approves your request for a name change:

-Within a few days, you should receive a new license in the mail. This will be identical to your yellow Renewal Certificate and Wallet Card but will be imprinted with your new name.

-When you receive your new license, destroy your old one; i.e. your Renewal Certificate and Wallet Card bearing your old name.

-If you paid the fee to request a new wall license, mail or deliver your old wall license to the Board. A new wall license will be mailed to you.

*Contact Christi Aquino (405-528-8625) at the Board if you have any questions.

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# Request for Name Change

Former name (first, last)_____

Address_____

New name (first, last)_____

License # _____

Date of birth _____

Certified Court Order ☐
Marriage Certificate ☐
Dissolution of Marriage (Divorce) ☐

Do you want to purchase a new wall license?_____

If so, please send a check or money order for $50 made out to:

**OSBOE, 4848 N. Lincoln,**
**Suite 100, Oklahoma City, OK 73105**

I declare under penalty of perjury under the laws of the State of Oklahoma that the information given above is true and correct and that I am the person who was issued the original Oklahoma license by the Oklahoma Osteopathic Board of Examiners.

**I hereby certify that the name change is not made for fraudulent purposes.**

**X**_____