



TEXAS MEDICAL BOARD

Mailing Address: P.O. Box 2018 • Austin, Texas 78768-2018
Phone 512.305.7010

APPLICATION FOR NAME CHANGE

1. Full name as it appears on current permit:

Full address _____

Permit or License number: _____

2. If you are applying for a name change due to court order, please furnish a certified copy of the court order. If you are applying for a name change due to a marriage or divorce, please furnish a certified copy of your marriage license or your divorce decree. If you are applying for a name change due to naturalization, please submit your original naturalization certificate for inspection, which will be returned to you by certified mail. You must furnish one of these documents for the name change to be processed.

Please note that this form must be submitted with an original signature for a request to be completed.

3. Indicate how your name is to be shown on your new permit:

(First)

(Middle)

(Last)

I certify that all statements I have made herein are true to the best of my knowledge.

Signature of applicant