

APPLICATION FOR NAME CHANGE

Instructions: 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 certificate, or dissolution of marriage decree). Returns may be made by mail to Bureau of Professional Licensure, 321 E 12th Street, Des Moines, Iowa 50319; by fax to 515.281.3121; or by email to PLPublic@idph.iowa.gov.

Section I – Applicant Information

Previous Name: _____
Last First Middle

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Section II – Identity Verification

Date of Birth _____ / _____ / _____
Month Day Year

Last Digits of SSN: XXX – XX - _____

New Name: _____
Last First Middle

Section III – Licensee Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my identity 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.