

Oklahoma Board of Nursing
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800
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. If you do not have a current license card, please complete and submit as well with the appropriate fee a Duplicate Pocket License Card form.**

Date _____ OK Nursing 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 INFORMATION OF LICENSEE:

(Please check here if any of this is new information _____)

Street Address or Box Number City State Zip

Telephone Number E-mail Address

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