



# Texas Medical Board

Mailing Address: PO Box 2029, MC-245, Austin, Texas 78768-2029

Phone: (512) 305-7030

## APPLICATION FOR NAME CHANGE

Please print or type your information:

<b>License information:</b>	<u>License type</u> <u>License number</u>
<b>Full name as it appears on your current permit:</b>	<u>First name</u> <u>Middle name</u> <u>Last name</u>
<b>Indicate how your name is to be shown on your new permit:</b>	<u>First name</u> <u>Middle name</u> <u>Last name</u>
<b>Check reason for name change request:</b>	<input type="checkbox"/> Court Order <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Naturalization <input type="checkbox"/> Correction <input type="checkbox"/> Other
<b>You must furnish one of these documents for the name change to be processed. Check the box describing the documents you are providing:</b>	<input type="checkbox"/> A certified or notarized copy of the court order. <input type="checkbox"/> A certified or notarized copy of your marriage license. <input type="checkbox"/> A certified or notarized copy of your divorce decree (only include applicable pages). <input type="checkbox"/> An original naturalization certificate for inspection, which will be returned to you by certified mail. <input type="checkbox"/> For name change correction only, a copy of your birth certificate.  <input type="checkbox"/> <b>Please check here if you are requesting that the documents submitted need to be returned to your mailing address.</b>
<b>Definitions:</b>	<p>Notarized copy is a full, true, and correct photographic copy of the original record with an original notary stamp and signature.</p> <p>Certified copy is original copy of the document certified by the County Records Office where the marriage license was issued or the court order or divorce was filed.</p>
<b>Email contact information:</b>	

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

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



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Please note that this form must be submitted with an original signature for a request to be completed. A new permit will be mailed separately after the name change has been processed. Please use the attached address update sheet as needed.

## APPLICATION FOR NAME CHANGE ADDRESS UPDATE

Please keep this Board informed of any changes in your addresses. This will ensure receipt of your renewal notices and permits, as well as other Board correspondence.

Please print or type your new information:

**Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

MAILING ADDRESS:

PRACTICE ADDRESS:

\_\_\_\_\_  
Street or P O Box

\_\_\_\_\_  
Street

\_\_\_\_\_  
Suite or Room No.

\_\_\_\_\_  
Suite or Room No.

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

**Date change becomes effective:** \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_  
Signature Date

**Mail to:** Texas Medical Board  
P.O. Box 2029, MC 245  
Austin, Texas 78768-2029



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