



Name Change Request Form

Current Information

NBOME ID, if known

Last Name

First Name

Middle Name

Date of Birth

Osteopathic School

Daytime Phone Number

Email Address

When submitting a request, the appropriate supporting documentation is a copy of your

- ➔ Marriage License
- ➔ Legal Name Change
- ➔ Divorce Decree (only the page stating your name change is required)

A legible copy of the driver license or passport with the new name must accompany the request and the supporting documentation. All court documents must include the signature of the Judge and/or Clerk.

Please list new official name

Enclosed Supporting Documentations

New Last Name _____

Marriage License (a legible copy)

New First Name _____

Court Document (a legible copy)

New Middle Name _____

Driver's License (a legible copy)

Passport (a legible copy)

Other: _____

I hereby request that my official name be changed in my official NBOME record.

Signature (Required)

Date

* Mail or fax your completed form and any necessary supporting documentation to the NBOME Corporate Offices at 8765 West Higgins Road, Suite 200, Chicago, IL 60631-4174 Fax 773.714.0631

Official Use Only

Completed by _____ Date _____