

# NAME CHANGE REQUEST FORM



**NBOME**  
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

## CURRENT INFORMATION

NBOME ID# (if known):

First Name:

Last Name:

Middle Name:

Date of Birth:

Osteopathic Medical School:

Daytime Phone Number:

Email:

Submit a copy of one of the appropriate supporting documents

Marriage license

Legal name change

Divorce decree

(only the page stating your name change is required)

A legible copy of the driver's 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.

## NEW OFFICIAL NAME

New Last Name:

New First Name:

New Middle Name:

## ENCLOSED SUPPORTING DOCUMENTATION

Marriage License (a legible copy)

Court Document (a legible copy)

Driver's License (a legible copy)

Passport (a legible copy)

Other (please specify):

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

Signature (Required):

Date:

PLEASE COMPLETE THIS  
FORM AND RETURN TO

**NBOME**  
CLIENT SERVICES

8765 West Higgins Road, Suite 200, Chicago, IL 60631-4174

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