



# Oregon

Tina Kotek, Governor

**Oregon Board of Chiropractic Examiners**

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## Name Change Affidavit

Email or mail affidavit with necessary documentation to address above.

License/Certificate number: \_\_\_\_\_

Check one:

- Doctor of Chiropractic
- Chiropractic Assistant

Former name: \_\_\_\_\_

Last

First

Middle

New name: \_\_\_\_\_

Last

First

Middle

Mailing Address: \_\_\_\_\_

Street

City, State, Zip

Reason for name change:

- Marriage      Attach copy of marriage certificate
- Divorce      Attach copy of divorce judgment/court order
- Court Order      Attach copy of court order
- Other      Attach copy of other documentation

Signature: \_\_\_\_\_

Date: \_\_\_\_\_