Oregon Board of Chiropractic Examiners

Name Change Affidavit

Email affidavit with necessary documentation to info@obce.oregon.gov

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: _____