



Oregon Board of Optometry

Name Change Notification Form

The Oregon Board of Optometry may recognize a name change by an applicant or licensee if that name is now his or her legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.

Section A: Name Change Information		
Former First Name	Former Middle Name	Former Last Name
New First Name	New Middle Name	New Last Name
Last Four of SSN	License #	Date of Birth (MM/DD/YYYY)

Section B: Documentation Requirements and Options
<p>You must submit photocopies or electronic copies of the follow two required documents:</p> <ol style="list-style-type: none">1) A current government issued photographic identification (e.g. driver's license, alien registration, passport, etc.) AND2) One of the following additional legal documents as proof of name change. Check one and attach a copy of the document.<ul style="list-style-type: none"><input type="checkbox"/> Certified Court order<input type="checkbox"/> Marriage certificate<input type="checkbox"/> Dissolution of Marriage (Divorce)

Section C: Personal Attestation
<p>I declare under penalty of perjury under the laws of the State of Oregon that the information given above is true and correct and that I am the person who was issued the original Oregon optometry license or submitted an application.</p>
<p>I hereby certify that the name change is not made for fraudulent purposes and that my license at all times must represent my full legal name.</p>
Signature:
Signature Date:

Send to:

Oregon Board of Optometry
1500 Liberty St SE, Ste 210
Salem, OR 97302

Fax: 503-914-5142

Email: Optometry.board@oregon.gov