

Name Change Affidavit Revised 10/2017

Please check the ap	propriate statement:			
□ I am curre	ntly in the application pro	ocess		
☐ I currently	hold a Limited License a	nd will submit my į	previous regist	tration certificate
-	hold an unlimited Orego wallet card, and registrate		submit my pre	vious 8.5" x 11"
Profession:	□MD/DO/DPM	□Physician Assi	stant □Ad	cupuncturist
Former Name:				
Last Name	Firs	t Name		Middle Name
New Name:				
Last Name	Firs		Middle Name	
Mailing Address St	S Street City, State, Zip Code			
	Cienatura	ta		
	Signature – as used	in your business sig	gnature	
Reason for name ch	nange:			
□ Marriage	Attach copy of marriage certificate			
□ Divorce	Attach copy of divorce decree			
□ Court Order	Attach copy of court ord Date Num		City/State	
□ Naturalization□ Other Reason	Date Num Provide written explana		City/State /	
	·	•		
Cianaturo			Affix N	otary Coal Horo
Signature			AIIIX IN	otary Seal Here
Subscribed and sw	orn to before me this day of	20		
Notary Signature				
Notary Public for:				
My commission Ex	<u> </u>			