



# Name Change Affidavit

Revised 06/2024

## Please check the appropriate statement:

- ☐ I am currently in the application process
- ☐ I currently hold a Limited License and will submit my previous registration certificate
- ☐ I currently hold an unlimited Oregon license and will submit my previous 8.5" x 11" license, wallet card, and registration certificate

**Profession:**    ☐ MD/DO/DPM    ☐ Physician Associate    ☐ Acupuncturist

## Former Name:

|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

## New Name:

|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

|                        |                       |
|------------------------|-----------------------|
| Mailing Address Street | City, State, Zip Code |
|------------------------|-----------------------|

\_\_\_\_\_  
Signature – as used in your business signature

## Reason for name change:

- ☐ **Marriage**                      Attach copy of marriage certificate
- ☐ **Divorce**                        Attach copy of divorce decree
- ☐ **Court Order**                Attach copy of court order
- ☐ **Naturalization**          Date \_\_\_\_\_ Number \_\_\_\_\_ City/State \_\_\_\_\_
- ☐ **Other**                         Provide written explanation in space below: \_\_\_\_\_

Signature \_\_\_\_\_

Affix Notary Seal Here

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

Notary Public for: \_\_\_\_\_

My commission Expires: \_\_\_\_\_