

OREGON BOARD OF PHARMACY
800 NE OREGON ST., SUITE 150
PORTLAND OR 97232
PHONE: (971)673-0001
oregon.gov/pharmacy



FOR BOARD USE ONLY	[0331] \$5.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____

NAME CHANGE REQUEST FORM

ALL FEES ARE NON REFUNDABLE

Complete this form and return it to the Board. In order to process your name change, **copies of one item from each column must** be included with this form. The name on your legal documentation and identification must match each other as well as the new name that you list below.

Legal Documentation

Marriage License
Divorce Decree
Court Order

&

Acceptable Identification

Driver's License or ID card (front and back)
Passport
Social Security card

All licensees must display their license or a certified copy of their license at their workplace. If you need copies of your Board license with your new name on it, the fee is \$5.00 for each sheet of 2 Certified Copies. This fee is payable by check or money order **only**. (**No** credit/debit cards or cash.) Free copies are **not** available with a name change.

Your completed request form must be submitted with copies of your legal documentation, acceptable identification, and check or money order for certified copies to the Board at the address listed above. Checks and money orders should be made payable to Oregon Board of Pharmacy.

Certified Copies pages requested ____ (2 copies per page) Amount enclosed \$____ (\$5.00 per page)

LICENSEE **FORMER** NAME _____

LICENSEE **NEW** NAME _____

LICENSE NUMBER _____

EMAIL _____ PHONE # _____

ADDRESS [] (Check if new) _____

CITY, STATE & ZIP CODE _____

Please Mail to: [] *check here if same as address above*

ADDRESS _____

CITY, STATE & ZIP CODE _____

**ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE
PURSUANT TO ORS 30.701(5)**