

# State of West Virginia



West Virginia Board of Medicine  
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## **\*\*NAME CHANGE AFFIDAVIT\*\***

(Please type or print)

**Former Name:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

**New Name:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

**Address:**

\_\_\_\_\_  
Street                              City                              State                              Zip Code

**Reason for Name Change:**

- 1) Marriage                       Attach copy of marriage certificate
- 2) Divorce                       Attach copy of appropriate documents
- 3) Court Order                       Attach copy of court order
- 4) Naturalization                       Date \_\_\_\_\_ Number \_\_\_\_\_ City/State \_\_\_\_\_
- 5) Other Reason                       Provide written statement in space below

\_\_\_\_\_  
\_\_\_\_\_

**WV License Number:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

Subscribed and sworn to before me this

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

(SEAL)

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

**Notary Public For:** \_\_\_\_\_

**My commission expires:** \_\_\_\_\_