

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: _____