

MINNESOTA BOARD OF PHARMACY

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PHARMACIST'S/TECHNICIAN'S NAME CHANGE

Previous Name:

FIRST: _____

MIDDLE: _____

LAST: _____

MN License Number:

Name change due to:

Marriage Divorce Other

New Name:

FIRST: _____

MIDDLE: _____

LAST: _____

Date name change was effective:

MM/DD/YYYY

Along with this form please provide (via fax, email or U.S. mail) a copy of the legal instrument which changed your name: your marriage certificate, a divorce decree with relevant wording about name change and signature page of decree or a court prepared Certification of Name Change.