

Name Change Form

REQUIRED:

- Complete the notary witness portion of this form in the presence of a notary.
- **Include a copy of the legal document that changed your name.** Do not send original documents; only send photocopies. **The legal document must show your previous name and your new name.**
- Please check one of the following:
 - I am not currently practicing.
 - I am practicing, but will be going by my former last name.
 - I am practicing and will be going by my new legal last name.
- If you checked the last option and are practicing under your new legal last name you must include a \$10.00 fee for an updated renewal certificate with your new name.
 - If you work at multiple practices or would like more than one certificate include an additional \$10.00 per certificate.

Total certificates requested: _____

Total amount included: _____

Make checks payable to: Minnesota Board of Dentistry. **Do not send cash or money orders.**

FORMER NAME:

First Name:	Middle Initial:	Last Name:	License Number:

NEW LEGAL NAME:

First Name:	Middle Name:	Last Name:

NOTARY WITNESS

Applicant name (print)	Applicant signature	Date
Notary signature	Commission expiration date	Notary stamp