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Website: [benha.state.mn.us](http://benha.state.mn.us)

### MN BENHA Name Change Request

**Legal Name:** \_\_\_\_\_ **License number:** \_\_\_\_\_

**Previous Name:** \_\_\_\_\_

**Legal Document Type (attach a copy to this form):**

Marriage Certificate: \_\_\_\_\_ Divorce Decree: \_\_\_\_\_ Other, Explain: \_\_\_\_\_

**\*Print your name below as you wish it to appear on your license certificate:**

➤ \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip

I am not currently an Administrator of Record (certificate will be sent to mailing address on file or indicated above)

I am Administrator of Record (certificate will be mailed directly to your current facility):

\_\_\_\_\_  
**Facility**

\_\_\_\_\_  
**Street Address/PO BOX**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

**Contact phone number** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Return this form with a check or money order for \$10.00 to cover the duplicate licensure processing fee. Forms not received with a fee will be returned to the sender.

**FOR OFFICE USE ONLY:** Check # \_\_\_\_\_ Deposit # \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Amount: \$10 RSCS: 640108 (10)