Department of Health & Human Services
DHHS
NEBRASKA
Department of Health and Human Services
Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986

AFFIDAVIT OF NAME CHANGE

State of _____)
County of _____)

I, _____, being first duly sworn, deposes and says:
(Credential holder)

1. That Affiant holds credential number _____ to practice _____

   in the State of Nebraska.

2. That Affiant's credential was issued in the name of _____.

   Whose date of birth is _____

   and whose social security number is _____.

3. That Affiant wishes the credential record to be changed to the following name:

   _____.

Address: ☐ Check if new address	Street/PO/Route:		
	City:	State:	Zip:
Telephone - Optional:		E-mail - optional:	

4. Affiant says reason for name change:

Reason for Name Change- Please check one		
☐ Marriage	☐ Divorce	☐ Legal Change of Name

You **must** provide proof of name change. Documentation may include marriage license, divorce decree, Court Order of legal name change or other valid verification.

5. That all the statements herein are true and correct.

Further, Affiant saith not.

_____ _____
Affiant's Signature Date

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Seal or Stamp _____
Notary Public signature

I hereby request reissuance of the following credential(s):

Credential Type Number of Credentials Requested

Check all that apply:

☐ small-size credential _____
☐ large-size credential _____

You must submit $10 for each reissued credential requested.