This application may be completed online and mailed to the address listed below.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES, PUBLIC HEALTH
LICENSURE UNIT
301 CENTENNIAL MALL SOUTH, PO BOX 94986
LINCOLN, NE 68509-4986

AFFIDAVIT OF NAME CHANGE

STATE OF_____)
)
COUNTY OF _____)

I, _____, being first duly sworn, deposes and says:

1. that Affiant holds license/certificate number _____to practice _____ in the State of Nebraska.

2. that Affiant's license/certificate was issued in the name of_____ _____whose date of birth is_____ and whose social security # is_____.

3. that Affiant wishes the license registry record to be changed to the following name:

_____
(Please Print)

4. that all the statements herein are true and correct.

FURTHER, Affiant saith not.

_____ _____
Affiant's Signature Date

ADDRESS: _____

_____
CITY STATE ZIP CODE

SUBSCRIBED AND SWORN TO BEFORE ME THIS_____DAY OF_____, 20____.

_____
NOTARY PUBLIC SIGNATURE

NOTARY SEAL/STAMP

PLEASE RETURN THIS FORM TO THE CREDENTIALING DIVISION IN ORDER THAT OUR RECORDS MAY BE CHANGED.

PROOF OF NAME CHANGE (COPY OF MARRIAGE CERTIFICATE, COURT ORDER, ETC.) **MUST** BE SUBMITTED WITH THIS AFFIDAVIT.

SUBMIT FORMS TO:

LICENSURE UNIT
PO BOX 94986
LINCOLN, NE 68509-4986

Rev 04/02; 10/93; 03/98, 10/01