



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, depose and say: (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: <input type="checkbox"/> 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		
<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> 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):

<u>Credential Type</u>	<u>Number of Credentials</u>
<u>Requested</u>	
Check all that apply:	
<input type="checkbox"/> small-size credential	_____
<input type="checkbox"/> large-size credential	_____

You must submit \$10 for each reissued credential requested.