



## NOTIFICATION OF A NAME CHANGE

Please enter required information, sign and date at the bottom of the page.  
Print and mail with required documentation.

License/Registration No.  -

Name (prior to change):     
First Middle Last

Mailing Address:      
Street City State Zip

Telephone Number:  -  -

E-mail Address:

\*New wallet cards will be e-mailed\*

Name Change request is based on:  Marriage  Dissolution of Marriage  Court Order  
 Other (specify):

I further certify I have assumed the name of:

First Middle Last

\*You **MUST** submit a copy of the marriage certificate, divorce decree or court order.\*

**This notification will not generate a duplicate certificate. In addition, you will need to submit an application for a duplicate license to reflect the name change. Please do not mail original marriage licenses as they will not be returned. We will NOT accept Social Security Cards or Driver's Licenses as proof.**

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation is true and correct and that I am licensed/registered to practice in the State of Kansas.

Signature

Date

TO SUBMIT you may mail to:  
KSBHA, Licensing--Team 2, 800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612  
OR Fax form to: 785-296-0852

OR E-mail to: [KSBHA\\_LicRenewalReinstater@ks.gov](mailto:KSBHA_LicRenewalReinstater@ks.gov)

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