



Department of Health Professions

**Virginia Board of Nursing**

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Henrico, Virginia 23233-1463

Reception: (804) 367-4515

Website: <http://www.dhp.virginia.gov/nursing>

## BOARD OF NURSING NAME CHANGE FORM

All name changes are completed in the order received. Please allow approximately ten (10) business days for processing. You will receive written notification via e-mail or mail when the name change is completed.

- The **Name Change Form** may be mailed or emailed to [nursebd@dhp.virginia.gov](mailto:nursebd@dhp.virginia.gov) \*include in the email **subject line**: *Change of Name - license #*.
- If you wish to receive a license with this change prior to the next renewal, you may request it using the Duplicate Request process at <https://www.license.dhp.virginia.gov/license>.
- If you wish to change your address, go to: <https://www.license.dhp.virginia.gov/license>.

### CURRENT INFORMATION:

Last Name:	First Name:	M.I.:	Maiden or Other:
License Number:	Last four digits of your Social Security Number: XXX-XX- ____ ____ ____ ____		
Email Address:			

**CHANGE OF NAME REQUEST:** A copy of a **legal document** verifying your new name must be submitted with this form (**\*Support documents attached**).

**Must be one (1) of the following legal documents (CHECK ONE)\*:**

- Marriage Certificate
- Certificate of Naturalization
- Court Order

**\*driver's license/SSN card not acceptable**

### NEW NAME TO APPEAR ON LICENSE:

Last Name:	First Name:	Middle Name or Initial:
SIGNATURE OF LICENSEE:		DATE: