



# Texas Medical Board

Mailing Address: PO Box 2029, Austin, Texas 78768-2029

Phone: (512) 305-7030

## APPLICATION FOR NAME CHANGE

Please print or type your information:

<b>License information:</b>	<u>License type</u> <u>License number</u>
<b>Full name as it appears on your current permit:</b>	<u>First name</u> <u>Middle name</u> <u>Last name</u>
<b>Indicate how your name is to be shown on your new permit:</b>	<u>First name</u> <u>Middle name</u> <u>Last name</u>
<b>Check reason for name change request:</b>	<input type="checkbox"/> Court Order <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Naturalization <input type="checkbox"/> Correction <input type="checkbox"/> Other
<b>You must furnish one of these documents for the name change to be processed. Check the box describing the documents you are providing:</b>	<input type="checkbox"/> A certified or notarized copy of the court order. <input type="checkbox"/> A certified or notarized copy of your marriage license. <input type="checkbox"/> A certified or notarized copy of your divorce decree (only include applicable pages). <input type="checkbox"/> A notarized copy of your naturalization certificate. Please do not mail your original copy. <input type="checkbox"/> For name change correction only, a copy of your birth certificate.  <input type="checkbox"/> <b>Please check here if you are requesting that the documents submitted need to be returned to your mailing address.</b>
<b>Definitions:</b>	<p>Notarized copy is a full, true, and correct photographic copy of the original record with an original notary stamp and signature.</p> <p>Certified copy is original copy of the document certified by the County Records Office where the marriage license was issued or the court order or divorce was filed.</p>
<b>Email contact information:</b>	

I certify that all statements I have made herein are true to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Please note that this form must be submitted with an original signature for a request to be completed. As of 9/1/2019 the Board will no longer issue paper licenses. You can log into your My TMB account to print or save a new copy of your license. Use the attached address update sheet as needed.



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## APPLICATION FOR NAME CHANGE ADDRESS UPDATE

Please keep this Board informed of any changes in your addresses. This will ensure receipt of your renewal notices and permits, as well as other Board correspondence.

Please print or type your new information:

<b>Name:</b> _____	
<b>License Number:</b> _____	
<b>MAILING ADDRESS:</b>	<b>PRACTICE ADDRESS:</b>
_____	_____
Street or P O Box	Street
_____	_____
Suite or Room No.	Suite or Room No.
_____	_____
City, State, Zip	City, State, Zip

**Date change becomes effective:** \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_  
**Signature** **Date**

**Mail to:** Texas Medical Board  
P.O. Box 2029  
Austin, Texas 78768-2029