



TEXAS MEDICAL BOARD

**APPLICATION FOR NAME CHANGE**

1. Full name as it appears on current permit:

\_\_\_\_\_

Full address \_\_\_\_\_

\_\_\_\_\_

Permit or License number: \_\_\_\_\_

2. If you are applying for a name change due to court order, please furnish a certified copy of the court order. If you are applying for a name change due to a marriage or divorce, please furnish a certified copy of your marriage license or your divorce decree. If you are applying for a name change due to naturalization, please submit your original naturalization certificate for inspection, which will be returned to you by certified mail. You must furnish one of these documents for the name change to be processed.

3. Indicate how your name is to be shown on your new permit:

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

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

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

**Location Address:**  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

**Mailing Address**  
P.O. Box 2029  
Austin, Texas 78768-2029

**Phone 512.305.7030**  
**Fax 512.463-9416**  
**Licensure Fax 512.305.7009**  
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