

SECRETARY OF STATE PROFESSIONAL  
LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
Phone (404) 424-9966

**NAME & ADDRESS CHANGE REQUEST FORM**

To request a name change on a license, please complete the following application, and enclosed a copy of the legal documents resulting in your name change.

**\*\*\*IMPORTANT: DO NOT SUBMIT ORIGINAL DOCUMENTS – THEY WILL NOT BE RETURNED TO YOU\*\*\***

- Complete this application in your new **LEGAL NAME** as it should appear on your license.
- Submit a **COPY** of the legal documentation for changing your name: i.e., Marriage Certificate, Filed Marriage License, Divorce Decree, Court Documents, etc. (Original documents will not be returned.)
- Attach a copy of a driver's license, state issued ID card, passport, or social security card showing the new legal name.

**Profession:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Current name:** \_\_\_\_\_  
(as it appears on your license) Type or Print Clearly (last name, first name, middle name)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**New name:** \_\_\_\_\_  
(as it should appear on your license) Type or Print Clearly (last name, first name, middle name)

**Mailing Address:** \_\_\_\_\_ **Physical Address: (if different)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

\_\_\_\_\_  
**Licensee Signature** **Date**

Note: Your name, city, and license number are public information and will be posted on the Secretary of State's website. The mailing address and email address are used for renewal notices, application processing information and other official board correspondence to you. As a result, you are required to update any information within 30 days of a change. Your street address, email address and/or telephone number will not be shared with third parties.