

State of West Virginia



*Board of Respiratory Care
106 Dee Drive, Ste 1
Charleston, WV 25311*

****NAME CHANGE AFFIDAVIT****

(Please type or print)

Former Name:

New Name:

Address:

Last Name	First Name	Middle Name	
Last Name	First Name	Middle Name	
Street	City	State	Zip Code

Reason for Name Change:

- 1) Marriage Attach copy of marriage certificate
- 2) Divorce Attach copy of appropriate documents
- 3) Court Order Attach copy of court order
- 4) Naturalization Date _____ Number _____ City/State _____
- 5) Other Reason Provide written statement in space below

WV License Number: _____

Applicant's Signature: _____

Subscribed and sworn to before me this
_____ day of _____ 20____

(SEAL)

Notary Signature: _____

Notary Public For: _____

My commission expires: _____