

AFFIDAVIT FOR CHANGE OF NAME

Please complete, have notarized, and return to this office as soon as possible, so that a change of name can be made on your licensure records. We cannot change the records without legal notarized evidence.

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ }

I, \_\_\_\_\_ being duly sworn, testify that on the:  
Present name (print or type)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, my name was changed  
Month Year

for the reason checked below:

- \_\_\_\_\_ Marriage to \_\_\_\_\_
- \_\_\_\_\_ Divorce from \_\_\_\_\_
- \_\_\_\_\_ Other reason (Please explain) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

and that prior to this change my name was \_\_\_\_\_

and that I am the person who: (check one)

\_\_\_\_\_ is licensed as a nurse in Idaho - License Number: RN \_\_\_\_\_  
LPN \_\_\_\_\_  
APPN \_\_\_\_\_

- \_\_\_\_\_ has made application for licensure as a:
- ( ) Professional Nurse [R.N.] ( ) Licensed Practical Nurse [LPN]
  - ( ) Advanced Practice Professional Nurse
    - Certified Nurse-Midwife
    - Clinical Nurse Specialist
    - Nurse Practitioner
    - Registered Nurse Anesthetist

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me \_\_\_\_\_  
\_\_\_\_\_, a notary public, personally appeared  
\_\_\_\_\_, known or identified to me, to be the  
person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed  
the same.

WITNESS my hand and official seal. \_\_\_\_\_  
Notary Public  
My Commission expires \_\_\_\_\_