



IDAHO DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES - BOARD OF NURSING -



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 documentation.

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: _____

I am licensed as a nurse in Idaho:

or

I have made application for licensure as a:

LPN License#: _____

LPN:

RN License #: _____

RN:

APRN License#: _____

APRN:

- Certified Nurse-Midwife
- Clinical Nurse Specialist
- Nurse Practitioner
- Certified 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: _____