



Maryland

DEPARTMENT OF HEALTH

Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

CHANGE OF NAME FORM

To have your name updated this form must be completed in full and have a COPY of a supporting document if selected. Submit this form via mail or email to mbon.infochange@maryland.gov. All licensees and certificate-holders should notify the Board of any change in name immediately, but no later than 60 days of the change. Processing time is 1-5 business days.

Part I: Licensee/ Certificate- Holder Information

License/Certificate No.: _____ Social Security No.: _____

Email Address: _____ Phone Number: _____

Address: _____
Street/ Apartment No. _____

City _____ State _____ Zip Code _____

Part II: Name Change

Former Name: _____
Last _____ First _____ Middle _____

New Name: _____
Last _____ First _____ Middle _____

Part III: Documentation

Please check which documentation you are submitting with this form:

- Marriage certificate/abstract
- Divorce decree showing name change clause (judge's signature must be present)
- Court order indicating change of name
- None. Grammatical error

Signature _____

Date _____

4140 Patterson Avenue - Baltimore, Maryland 21215-2254

Toll Free: 1 (888) 202 – 9861 • Phone: (410) 585 – 1900 • TTY/TDD: 1 (800) 735 – 2258

www.health.maryland.gov/mbon

Interpreter Services are available upon request.