

## CHANGE OF ADDRESS FORM

Name \_\_\_\_\_ License Number \_\_\_\_\_  
Current/Old Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_  
New Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Email address \_\_\_\_\_

## NAME CHANGE FORM

Name \_\_\_\_\_ License Number \_\_\_\_\_  
                    First                      Middle                      Last  
Changed to:  
Name \_\_\_\_\_  
                    First                      Middle                      Last  
Email address \_\_\_\_\_

In order to complete the name change properly, please submit a copy of your Marriage Certificate or Divorce Decree.

Please complete the form(s) that best suits the modification that you wish the Board to make and submit all of the required documentation via e-mail to: [dhmh.optometry@maryland.gov](mailto:dhmh.optometry@maryland.gov). and we will make the change for you as soon as possible.