

NAME CHANGE REQUEST FORM

revised January 2022

NBOME[®]

NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

CURRENT INFORMATION

NBOME ID# (if known):

First Name:

Last Name:

Middle Name:

Date of Birth:

Osteopathic Medical School:

Daytime Phone Number:

Email:

NEW LEGAL NAME

New Last Name:

New First Name:

New Middle Name:

ATTACHED SUPPORTING DOCUMENTATION SCANS

2 documents (1 from each group) required

Submit 1 of the following from Group A:

Updated Driver's License

Updated Passport

AND submit 1 of the following from Group B:

Marriage License

Divorce Decree
(only the page stating your name change is required)

Legal Name Change Court Document

Other documentation included (please specify):

All court documents must include the signature of the Judge and/or Clerk.

I hereby request that my official name be changed in my NBOME account.

Signature (Required):

Date:

PLEASE COMPLETE THIS
FORM AND RETURN TO

NBOME
CLIENT SERVICES

8765 West Higgins Road, Suite 200, Chicago, IL 60631-4174

clientservices@nbome.org | Fax: 773-714-0606 | Phone: 866-479-6828