

DATE: ___/___/___

CHECK NUMBER: _____

AMT PAID: \$ _____

NAME CODE: _____

APPID: 51 Fee: \$25.

APPLICATION FOR NAME CHANGE

Instructions:

1. Complete this application including notary.
2. Select reason for name change and attach copies of certified document(s) supporting the name change: (i.e., marriage certificate, divorce decree): a. Marriage b. Divorce c. Legal/Court Order
3. Include your check or money order for \$25.00 payable to the Maryland Board of Physicians. Mail application and fee to address at the top of this page.
4. In lieu of mailing a license, the Board will notify you by email once the name change has been processed and send you a link to print a digital copy of your license. Please provide a valid email address* in the space below.

Identifying Information:

License Number

Social Security Number (For ID purposes only)

Date of Birth (mmddyear)

Last Name and Generational Indicator (Jr., III, etc.)

First Name and Middle Name/ Initial

Address (Street Address 1)

Address (Street Address 2)

Telephone Number

City

Email Address*

Zipcode

State

Change Name To Read As Follows:

Last Name and Generational Indicator (Jr., III, etc.)

First Name and Middle Name/Initial

This Form MUST Be Notarized

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true and correct to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Notary Public

Date: ___/___/___

City/County of Residence: _____

Commission Expires: ___/___/___

Notary Signature: _____