Phone: (478) 207-2440

SECRETARY OF STATE
Professional Licensing Boards Division
Healthcare II
237 Coliseum Drive, Macon, GA 31217

Fax: 1-866-888-1308

NAME/ADDRESS CHANGE REQUEST FORM

You may change your address on-line at https://secure.sos.state.ga.us/mylicense/, or use this form.

PLEASE read the following instructions carefully to prevent processing delays.
*There is **NO CHARGE** to change a name or address on a license.

PLEASE PRINT CLEARLY

Profession: _____ **GA License #:** _____

Social Security #: _____ -____- ____ **Date of Birth:** _____ /_____ /____

Phone#: _____ **Email Address:** _____

Current Name (as it appears on license):_____
(LAST) (FIRST) (MIDDLE)

New Legal Name: _____
(This is the name that will appear on license.) (LAST) (FIRST) (MIDDLE)

Attach a **copy** of one of the following if applying for a change of name: (Original documents **will not** be returned.)

____ Marriage Certificate

____ Divorce Decree

____ Name change approval documents from the court

Old Email Address:

_____

New Email Address:

_____

Old Physical Address:

_____
_____
_____

New Physical Address:

_____
_____
_____

Old Mailing Address:

_____
_____
_____

New Mailing Address:

_____
_____
_____

*Note: Your name, mailing address, and license number is public information and will be posted on the Secretary of State's website. The mailing and email addresses are used to forward renewal notices, application processing information and other official board correspondence. Your email address will not be shared with third parties.

_____ _____
SIGNATURE DATE