

NOTIFICATION OF A NAME CHANGE

Please enter required information, sign and date at the bottom of the page.

Submit with required documentation.

License Number:					
Name (prior to change):		Middle		Last	
Mailing Address:		City		State	Zip
Telephone Number:					•
E-mail Address:					
Name Change Request is l Other (specify):		Marriage	Dissolution	of Marriage	Court Order
I further certify I have asso	umed the nε	ame of:			
First	Middle		Last		_
* You MUST submit a copy	(does not ha	ave to be certifie	d) of the proof of	f name change	document *
This notification will not autreplacement license which may In the "Reason for Replacemen	be found on	our website by lo	ocating the "Apply	for Replaceme	ent Certificate" link.
You have 30 days to provide l	XSBTP with	a copy of your ne	w seal and signat	ure.	
I certify under penalty of perjur including supporting documents	•			-	
Signature			Date		

900 SW Jackson, Ste 507 Topeka KS 66612-1257 Voice: 785-296-3053 Fax: 785-296-0167 Website: www.ksbtp.ks.gov