Kentucky Board of Nursing
312 Whittington Pky Ste 300
Louisville KY 40222-5172
Web Address: kbn.ky.gov

NAME CHANGE REQUEST FORM

(For Licensed Nurses Only)

Please type or print using CAPITAL LETTERS and black ink.

$25 FEE
(NON-REFUNDABLE)

Section 1: Old Biographical Data (Licensed Nurse)

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

___ – ___ – ____ ____ / ____ ____ / ____ ____ ____ ____

Social Security # (print clearly) **Date of Birth** (print clearly) **KY License #** (print clearly)

Indicate your license type(s) [check all that apply]: ☐ RN ☐ LPN ☐ APRN ☐ SANE

Section 2: New Name Change (Licensed Nurse)

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

Street (print clearly)

City (print clearly) **State** **Zip Code** (print clearly) –

County of Residence (print clearly)

Country, if not U.S.A. (print clearly) **International Postal Code** (print clearly)

Email Address (print clearly)

___ – ___ – ____ **Home Phone** (print clearly) ___ – ___ – ____ **Daytime Phone** (print clearly)

I declare my state of primary residence to be: ☐ **Kentucky** ☐ **Other (Specify State)** ____

Do you practice nursing ONLY in a military/federal facility? ☐ **Y** ☐ **N**

Signature **Date** ____ / ____ / ____

You must enclose a copy of one of the following:

- ☐ **Marriage Certificate**
- ☐ **Divorce Decree**
- ☐ **Social Security Card**
- ☐ **Legal Name Change Document**

NOTE: KBN DOES NOT ISSUE PLASTIC LICENSE CARDS.