



Montana Department of
LABOR & INDUSTRY
Business Standards Division

Board of Nursing

NAME CHANGE REQUEST FORM

To have your name changed on your license, please complete the information below and provide a copy of one of the following documents with this form:

**Social Security Card (must display your new name)

**Driver's License (must display your new name)

**Document by which your name was legally changed (i.e. marriage license, divorce decree)

Current Name on License: _____

License Number (Required): _____

(Go to www.nurse.mt.gov and Lookup License, if you do not know your license number)

Date of Birth (Required): _____

Social Security Number (Required): _____

Change Name to: _____

Daytime Phone: _____ or Cell Phone: _____

Email Address: _____

Signature: _____ Date: _____

Please return this completed form via fax, email (need documents attached and scanned in) or by postal mail to:

FAX: (406) 841-2305

EMAIL: DLIBSDHELP@MT.GOV

Mail: Board of Nursing, 301 South Park, PO Box 200513, Helena, MT 59620-0513