Landon State Office Building
900 SW Jackson, Suite 1051
Topeka, KS 66612-1230
Phone 785-296-4929
Fax 785-296-3929
ksbn.kansas.gov

Kansas State Board of Nursing

Dear Nurse:

Below you will find a change of name certificate to complete and mail to our office along with required documentation before your name can be legally changed on our records.

Please follow the instructions below.

1. Enter your RN, LPN or LMHT license number in the upper left hand corner of the change of name certificate below. If you are an APRN or RNA, please write number in upper right hand corner of the change of name certificate below.
2. Enter your legal name as it appears on your driver's license and social security card.
3. Enter your previous name. (Either married name or maiden name.)
4. Enter your complete address.
5. If being married, enter the name of your spouse and date of your marriage. If being married after having been divorced at one time, complete section "By Divorce: Name of former Spouse".
6. If being divorced, enter name of ex-spouse and date of divorce.
7. If name is changed by any other cause, show reason for change and date.
8. Enter your signature in the presence of a Notary Public.
9. Include a copy of the legal document that resulted in your name change along with this completed, signed and notarized form. (i.e. marriage certificate, divorce decree or court documents noting legal name change)

***Please allow 7-10 business days for your name to be updated. Once it has updated you can sign into your portal to view and print a copy of your license.

Change of Name Certificate

1. _____ _____
RN/LPN/LMHT License No. APRN/RNA License No.

2. New legal name: _____
Married First Middle

3. Name Currently on License (Previous name): _____
Last First Middle

4. Address: _____
Street City State Zip

Phone Number (_____) _____ County: _____

5.Name of Spouse: _____ Date of Marriage: _____

6. By Divorce: Name of Spouse: _____

7. By Other Cause: _____

State of _____
County of _____ } SS

The undersigned, of lawful age, being first duly sworn upon oath, deposed and says: I have read the above Change of Name Certificate knows the contents thereof and the same is true and correct.

_____
Signature of Licensee

Subscribed and sworn before me this _____ day of _____, 20____.

My commission expires_____.
(SEAL)

_____
Notary Public Signature