

**Application
for
Name Change
Alabama Medical License**

License Number: _____

Name changed from: _____

Name changed to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Change Due to: _____

(Marriage, Divorce, Court Order, etc.)

A copy of the legal document verifying name change must be submitted with this application.

Signature: _____

Date: _____

Please submit this application along with legal documentation to the following address:

**Medical Licensure Commission
Post Office Box 887
Montgomery, Alabama 36101-887**