



DENTIST & DENTAL HYGIENIST NAME CHANGE REQUEST FORM

Texas State Board of Dental Examiners

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Austin, Texas 78701-3942

Phone: (512) 463-6400

Fax: (512) 463-7452

www.tsbde.texas.gov

INSTRUCTIONS:

1. Use this form to change your name when you are **NOT** renewing your license.
2. **Display Legal Full Name:** Certificates must display the licensee's Full Legal Name.
3. **Legal Documentation:** Legal documentation of the change, i.e., marriage license, divorce decree, court order, etc.)
4. **Processing and Receiving Your Certificate.** Please allow two weeks for processing. Your certificate will be mailed to your address on file with the Texas State Board of Dental Examiners (TSBDE). If your address has changed, include a **TSBDE Change of Address Form** with this request form to avoid delays in receiving your certificate.
5. Mail all documentation with your non-refundable fee to the TSBDE at the address listed above. Payment can be made by check, money order or cashier's check (do not send cash). Make payment payable to the TSBDE.

NON-REFUNDABLE FEE

\$50.00

CURRENT INFORMATION:

(BEFORE CHANGE)

SOCIAL SECURITY NUMBER

FIRST NAME

MIDDLE NAME

CURRENT LAST NAME (**Before Change**)

ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS

PHONE NUMBER

NEW INFORMATION: (AFTER CHANGE)

FIRST NAME

MIDDLE NAME

NEW LAST NAME (**After Change**)

DOCUMENT(S) SUBMITTED TO SUPPORT THE NAME CHANGE

I am submitting the following documentation in support of this name change: (Check One)

_____ New Marriage License _____ Divorce Decree _____ Court Order _____ Other

Other: _____

SIGNATURE

DATE