



Texas State Board of Dental Examiners

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www.tsbde.texas.gov

**DENTIST & DENTAL HYGIENE NAME CHANGE
 REQUEST FORM**

Instructions: This form must be completely filled out. Submit this form along with your check or money order to the TSBDE address listed above. This form requires the legal documentation which reflects the name change (i.e., marriage license, divorce decree, court order, etc.). Please allow two weeks for processing. This fee will cover both an updated decorative wall license and an updated renewal certificate.

I am submitting the following legal documentation to support this name change: Check (✓) one <input type="checkbox"/> New Marriage License <input type="checkbox"/> Divorce Decree (must state the name change) <input type="checkbox"/> Court Order <input type="checkbox"/> Other (copy of driver's license, passport, etc)	NON-REFUNDABLE FEE \$52.00
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Social Security #:	License #:
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Current Information		
First Name	Middle Name	Last Name

New Information: This is how your name will be reflected on your certificate		
First Name	Middle Name	Last Name

Current Address:	City	State	Zip
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Permanent Address:	City	State	Zip:
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Work Address:	City	State	Zip
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Preferred mailing address: (preferred address will be made available to the public)			
<input type="checkbox"/> Current		<input type="checkbox"/> Permanent	
		<input type="checkbox"/> Work	

Daytime Phone #:	Email Address:
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*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

Signature

Date