



BOARD OF REGISTERED NURSING
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Louise R. Bailey, MEd, RN, Executive Officer



CHANGE OF ADDRESS AND/OR NAME
APPLICANTS

File Number: _____

PLEASE PRINT OR TYPE

Form section for personal information: LAST NAME, FIRST NAME, MIDDLE NAME, DATE OF BIRTH, PHONE NUMBER, EMAIL ADDRESS.

COMPLETE FOR CHANGE OF ADDRESS ONLY

Form section for address information: PREVIOUS ADDRESS, NEW ADDRESS, with sub-fields for City, State, Country, and Postal/ZIP Code.

COMPLETE FOR CHANGE OF NAME ONLY

YOU MUST SUBMIT A PHOTOCOPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES
Examples of acceptable forms of legal documentation are a birth certificate, marriage certificate, divorce decree, and/or court documents, social security card or passport. A copy of a driver's license is not acceptable.

Form section for name information: PREVIOUS NAME, NEW NAME, with sub-fields for Last, First, and Middle.

I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct, and complete.

SIGNATURE: _____ DATE: _____