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www.dhp.virginia.gov/vet/
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NAME/ADDRESS CHANGE FORM

All name/address changes are completed in approximately 5 to 7 business days following receipt of your request. You will receive an email notification when the name/address change is completed. The address/name change may be faxed, emailed or mailed to the board office.

If you wish to receive a license with this change prior to the next renewal, you may request it using the "Duplicate Request" process at <https://www.dhp.virginia.gov/mylicense/renewalintro.asp> or mail this form with a check or money order in the amount of \$15.00. The check or money should be made payable to the "Treasurer of Virginia."

CURRENT INFORMATION:

Last Name	First Name	M.I.	Maiden or Other
VA License Number		Last four digits of Social Security Number	
Email Address:		Primary Phone Number:	

CHANGE OF NAME

You must submit a copy of a legal document verifying your new name. The following are acceptable name change verification documents:

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|---|--|
| 1) Marriage certificate; | 3) Other legal document indicating the retaking of your maiden name; |
| 2) Divorce decree which indicates the retaking of your maiden name; | 4) Copy of court documents. |

NEW NAME:

Last Name	First Name	Middle
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CHANGE OF ADDRESS

OLD ADDRESS:

Street Address		
City	State	Zip Code

NEW ADDRESS:

Street Address		
City	State	Zip Code
Should this new address be used as both your public and private address? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please provide a public address to add to our records: Business Name: Street Name: City: _____ State _____ Zip _____	

SIGNATURE OF LICENSEE _____ DATE _____