

Alabama Medical Licensure Commission



Application for a Name Change

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: _____

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

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

**Medical Licensure Commission
Post Office Box 887
Montgomery, AL 36101-0887**

Or you may E-Mail the application and documents to MLC@almlc.gov.