



Matthew H. Mead
Governor

Wyoming

STATE BOARD OF NURSING

Cynthia LaBonde MN, RN
Executive Director

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Thank you for advising this office of your change in name. In order to change your name on our records, your name must have legally been changed by marriage, divorce, annulment or court order.

Please complete the CHANGE OF NAME AFFIDAVIT as follows:

1. Have it notarized by a notary public.
2. Send the Change of Name Affidavit with a money order for \$20.00, made out to the Wyoming Board of Nursing WSBN **does not accept personal checks.**

Processing time is approximately 5-7 business days, the on-line verifications will reflect your name change.

CHANGE OF NAME AFFIDAVIT

STATE OF _____ } WYOMING NURSING LICENSE #.: _____
 }
 COUNTY OF _____ } APRN _____ RN _____ LPN _____ CNA _____

This is to certify that I, having been duly sworn, depose and say: That my records with the Wyoming Board of Nursing are currently under the name of _____ ,
 and that I no longer use that name but now use the name of: **First Name:** _____
Middle: _____ **Last:** _____,
 which was legally changed by: **Marriage** **Divorce** **Court Order.**

Signature of Applicant

SEAL

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

New Address:

Street _____

City, State, Zip _____

Email address _____