



Matthew H. Mead  
Governor

# Wyoming

## STATE BOARD OF NURSING

Cynthia LaBonde MN, RN  
Executive Director

130 Hobbs Avenue, Suite B, • Cheyenne, Wyoming 82002 • Phone: 307-777-7601 • FAX: 307-777-3519 • <http://nursing.state.wy.us>

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 #.: RN _____
	}	LPN _____
COUNTY OF	}	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 \_\_\_\_\_