



Matthew H. Mead
Governor

Wyoming

STATE BOARD OF NURSING

Cynthia LaBonde MN, RN
Interim Executive Director/
Nurse Investigator

1810 Pioneer Avenue • 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.**
3. Please indicate a change of address if you have recently moved. (No cost)

As soon as the notarized Affidavit form and fees are received, our records will be amended, and your on-line verification will reflect your new name. Processing time is approximately 5-7 business days.

CHANGE OF NAME AFFIDAVIT

| | | |
|-----------|---|---------------------------------------|
| STATE OF | } | WYOMING NURSING LICENSE NO.: 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 _____, which was legally changed by: _____.

(Marriage, divorce, annulment, or court order)

Signature of Applicant

SEAL

Subscribed and sworn to before me this _____ day of _____

Notary Public

New Address:
 Street _____
 City, State, Zip _____
 Email address _____