

Department of State
Bureau of Professional and Occupational Affairs
STATE BOARD OF DENTISTRY

Mailing Address
P O Box 2649
Harrisburg PA 17105-2649

Courier Mail
2601 North Third Street
Harrisburg PA 17110

Telephone: 717-783-7162
Fax: 717-787-7769
E-mail: st-dentistry@state.pa.us
Website: www.dos.state.pa.us/dent

REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

Complete the following information and check the appropriate block below:

Current Information

Last Name:

First Name: Middle Initial:

License Number:

Social Security 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:

- (1) marriage certificate;
- (2) divorce decree which indicates the retaking of your maiden name;
- (3) other legal document indicating the retaking of a maiden name;
- (4) for a legal name change, a copy of the court document must be provided.

New Name:

Last: _____ First: _____ Middle: _____

Change of Address

Old Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

New Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

FEE: To obtain a duplicate license reflecting the change of name and/or address, you must return this completed application and a \$5.00 fee, check or money order, payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

NOTE: If you are requesting a duplicate certificate for dental radiology, no fee is required.