



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
Telephone 225.925.6496 ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Notice of Name Change

Although we cannot change the name of your initial licensure, certification, or registration, we can change the name used on your renewal documents. This form is used to request a name change and to provide the required document in support of that request.

Please complete this form prior to printing it. The document required will be either a certificate of marriage or a court order authorizing the name change. We are unable to accept a driver license or social security card for this purpose.

There is no fee for the name change service. However, if you wish to purchase a duplicate copy of your license, certificate, or registration reflecting the name change, there is a \$5.00 fee for that product. If you wish to purchase the duplicate credential, please indicate that below and include payment with the request.

**Credential No.:** \_\_\_\_\_

### Current Name:

\_\_\_\_\_  
*First*                                      *Middle*                                      *Last*                                      *Suffix*

### New Name:

\_\_\_\_\_  
*First*                                      *Middle*                                      *Last*                                      *Suffix*

By my signature below, I certify my legal name has been changed, and I have attached a copy of a certificate of marriage or a court order authorizing the name change. If I have checked the box below and included the fee, please prepare a duplicate copy of my credential and mail it to my current mailing address of record.

Please mail a duplicate copy of my credential with my new name. I have included the \$5.00 payment, payable to *Louisiana Board of Pharmacy*.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*