



Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: 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.

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.

Date

Signature