

**Name Change & Duplication Request Form**

**STATE MAIL IS NOT FORWARDED TO ANY OTHER ADDRESS AND IT IS RETURNED TO THIS OFFICE.**

**RSA 328-F: 21 Administrative Obligations of Licensees.** I. Licensees shall maintain their current business and home addresses on file with their governing boards. Any changes in address shall be provided to the office **no later than 30 days** from the date of the change. II. Licensees shall notify their governing boards if licenses or other proof of licensure are lost or stolen.

**General Information: Please print legibly - This section required for all requests**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Home Mailing Address: (City, State, and Zip Code Required)

\_\_\_\_\_  
\_\_\_\_\_

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For name change, please include duplication of legal documentation. (Marriage License, Divorce Decree, or other legal papers)

**Name Change: (First, Middle, and Last Required)**

From: \_\_\_\_\_

To: \_\_\_\_\_  
(Exact way your name is to appear)

Reason: Correction/Marriage/Divorce/Other: \_\_\_\_\_

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**Replacement Wall Certificate**

Fee- \$10.00 check made payable to "Treasurer-State of NH"

**Replacement License Pocket Card**

Fee - \$10.00 - make check made payable to "Treasurer-State of NH"  
**No charge when making a name change**

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Signature

Date

Please fax or forward this form to:

**Board of Mental Health**  
7 Eagle Square  
Concord NH 03301  
Phone: (603) 271-2702 Fax: (603) 271-6702