

**CHANGE OF NAME NOTICE** **FORM # 0412**

- 1 Complete the form then hand sign in front of a Notary. **TYPE OR PRINT LEGIBLY**
- 2 Make a copy for your file. 3 Mail the original to the Board office.

I HEREBY GIVE NOTICE AND CERTIFY, AS REQUIRED BY RULE 4729-5-05 OF THE OHIO ADMINISTRATIVE CODE, THAT MY NAME HAS CHANGED AS FOLLOWS:

Former Name:

[Empty box for Former Name]

New Name:

[Empty box for New Name]

Reason For Change: (check one)

MARRIAGE	DIVORCE	DISSOLUTION
OTHER (specify here):		

I HEREBY REQUEST ALL STATE BOARD OF PHARMACY RECORDS BE CHANGED TO REFLECT MY NEW NAME EXACTLY AS I HAVE INDICATED ABOVE.

\_\_\_\_\_  
OHIO LICENSE I.D. NUMBER

\_\_\_\_\_  
SIGNATURE OF REGISTRANT

Sworn to and subscribed before me this \_\_\_\_\_ day

\_\_\_\_\_  
SIGNATURE OF NOTARY

of \_\_\_\_\_, 20 \_\_\_\_\_

[NOTARY SEAL]