



CHANGE OF NAME NOTICE

Complete form then and sign in front of Notary. Make a copy for your file, e-mail the original to technician@pharmacy.ohio.gov. TYPE OR PRINT LEGIBLY

I HEREBY GIVE NOTICE AND CERTIFY, AS REQUIRED BY RULE 4729:3-2-04 OF THE OHIO ADMINISTRATIVE CODE, THAT MY NAME HAS CHANGED AS FOLLOWS:

Former Name:

New Name:

Reason For Change: *(check one)*

MARRIAGE DIVORCE DISSOLUTION

OTHER (specify here):

Please provide one of the following documents within **30 days** from the effective date of such change:

- 1) A notarized affidavit;
- 2) A certified copy of a court record; or
- 3) A certified copy of a marriage certificate

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

OHIO REGISTRATION NUMBER

SIGNATURE OF REGISTRANT

DATE

Sworn and subscribed before me this _____ day
of _____, 20 _____

SIGNATURE OF NOTARY

(NOTARY SEAL)

