



## CHANGE OF NAME NOTICE

Complete form then and sign in front of Notary. Make a copy for you  
file, mail the original to the Board office. TYPE OR PRINT LEGIBLY

**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:**

**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 NUMBER                      SIGNATURE OF REGISTRANT                      DATE*

Sworn and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_

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

(NOTARY SEAL)

