

North Carolina Veterinary Medical Board

1611 Jones Franklin Rd., Suite 106, Raleigh, North Carolina 27606
FAX: (919) 854-5606

NAME CHANGE REQUEST

In order for the Board to change your name in our system, you will be required to supply a copy of a legal document (e.g. marriage certificate, divorce decree) and a copy of your Social Security card reflecting your new name. In addition, be sure to notify us of any address change. There is no charge for this service.

Should you choose, this request may be faxed to (919) 854-5606.

Vet License Number: _____

Tech Registration Number: _____

Former Name

First

Middle

Last

Current Name

First

Middle

Last

CURRENT ADDRESS

Street Address

City/State

Zip