

**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation**

CHANGE OF NAME REQUEST

Name of Profession:

IL License #

_____ - - - _____

Name as it currently appears on license (Last, First, MI):

New Name (Last, First, MI):

E-Mail Address (REQUIRED):

Mailing Address (Street, City, State, Zip Code):

Submit proof of one of the following (please check document submitted):

_____ Copy of Marriage Certificate

_____ Copy of Divorce Decree

_____ Copy of Court Order

Please send form to: Illinois Department of Financial and Professional Regulation
Division of Professional Regulation--LMU1
320 West Washington Street, 3rd Floor
Springfield, IL 62786