

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNORCALIFORNIA BOARD OF OCCUPATIONAL THERAPY1610 Arden Way, Suite 121, Sacramento, CA 95815P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov



NAME CHANGE REQUEST

Please fill out the following information and <u>MAIL</u> to the above address. **One of the following items** <u>MUST</u> accompany this form along with a copy of your Driver's License showing your new name, **in order to process your request:**

Marriage Certificate	Divorce Decree	Court Order
Other (Please explain)):	
I, the penalty of perjury that		
My former name was	Former Name on Record	I have changed my name
for all purposes to	New Name of Record	and I did not change my name
for purposes of fraud.		
SIGNATURE		DATE
***** PLEASE ENCLO		DOCUMENTATION *****

NOTE: YOUR NAME CHANGE REQUEST WILL NOT BE PROCESSED WITHOUT THIS FORM AND THE APPROPRIATE DOCUMENTATION.