

Dr. Sue Painter, DNP, RN  
Executive Director



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**STATE OF WEST VIRGINIA**  
**BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**

90 MacCorkle Ave., SW, Suite 203  
South Charleston, WV 25303

## NAME CHANGE AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, formerly the undersigned \_\_\_\_\_  
\_\_\_\_\_, being duly sworn according to law, do depose that on the day of \_\_\_\_\_, 20\_\_\_\_,  
in County \_\_\_\_\_, State \_\_\_\_\_ and that my name has been  
changed from (former name) \_\_\_\_\_,  
to (current legal name) \_\_\_\_\_.

Signature of Affiant (nurse) \_\_\_\_\_ License Number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public in and for

(SEAL)

COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

Mail completed notarized form and non-refundable \$10 fee to:

West Virginia Board of Registered Professional Nurses  
90 MacCorkle Avenue, S.W., Suite 203  
South Charleston, WV 25303