



## MINNESOTA BOARD OF DENTISTRY

University Park Plaza, 2829 University Avenue SE, Suite 450  
Minneapolis, MN 55414-3249 [www.dentalboard.state.mn.us](http://www.dentalboard.state.mn.us)  
Phone 612.617.2250 Fax 612.617.2260  
Toll Free 888.240.4762 (non-metro)  
MN Relay Service for Hearing Impaired 800.627.3529

### NAME/ADDRESS CHANGE FORM

Dentists are required to provide their primary practice address and daytime phone number. All others may list a home address. Changes must be completed in writing and mailed or faxed to the location above. Please note that this information is available to the public. Name changes need to be accompanied by a copy of the legal document that changed the name (ie. Marriage Certificate, Divorce Decree, etc.)

**\*\*\*Please PRINT all information\*\*\***

EFFECTIVE DATE:	<b>MN DENTAL LICENSE/REGISTRATION NUMBER:</b>
<b>Name</b> (first, middle, last) *	Daytime Phone #:
<b>New Address:</b>	<b>Email address:</b>
Street:	Former Name (if applicable)
City:	Former Address (if applicable) Street:
State:                      Zip:	City:
County:	State:                      Zip:

\*Name changes must include a copy of the marriage certificate or divorce decree.

Signature (required): \_\_\_\_\_