



1201 Main Street, Suite 1000  
Columbia SC 29201  
P. O. Box 100105  
Columbia SC 29202-3105  
Telephone: (803) 737-6193

### Individual Name Change Request Form

- This form may be mailed to either address listed above or attached to an email to be sent to [agntmail@doi.sc.gov](mailto:agntmail@doi.sc.gov).
- Digital signatures will not be accepted.
- Individuals must provide supporting legal documentation for verification of the name change.
- Please print clearly and legibly in blue or black ink.

SC License Number \_\_\_\_\_ **OR** NPN \_\_\_\_\_

Previous Name \_\_\_\_\_

New Name:

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Signature \_\_\_\_\_