



Missouri Board of Nursing Home Administrators

Phone: (573) 751-3511 Email: BNHA@health.mo.gov

Name Change Request



Please Note: A fee of \$10.00 is required only if a new license certificate is needed. A copy of a marriage license, birth certificate, immigration records, divorce decree or court order must be included, please do not submit the originals.

Old Information:

Last Name	First Name	Middle/Initial	License #
Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

New Information:

By my signature below, I attest that all information above be factual and true to the best of my knowledge.

Signature

Date

If a fee is included mail form to:

Board of Nursing Home Administrators, ATTN Fee Receipts
PO Box 570
Jefferson City, MO 65102-0570

If a fee is not required please email form to the email address provided above.