INSTRUCTIONS

Legal documentation must be received with all name change requests.

(1) Section 1 of the form must be filled out using your current legal name and current address.

(2) Section 2 of the form must be filled out, dated, and signed in the presence of a notary.

(3) Section 3 of the form must be completed by a notary.

(4) Proof of name change is required. Provide photocopies of one or more of the following acceptable documents:

   (a) Photocopy of marriage certificate that can be obtained through the county or state in which the marriage took place. The date of the marriage and the signature of the person who performed the ceremony should be included on the document. Your name on the marriage certificate must match the current name on record with ARRT. If it doesn’t match, ARRT will also need legal documentation showing how your name changed from what appears on ARRT records and the name on the marriage certificate.

   (b) Photocopy of divorce decree or dissolution of marriage. The documents must contain your name before the change went into effect, a section stating the resumption of a former/maiden name, and a judge’s signature. Should the documents not stipulate the name change, also provide a photocopy of a Social Security card and driver’s license with your current legal name.

   (c) Photocopy of a court order showing a legal name change. The documents must contain your name before the change went into effect, a section stating what the name was changed to and a signature of a court official.

   (d) Photocopy of birth certificate. This is only used for individuals who are changing their abbreviated first name (e.g., Kathy to Katherine), adding a middle name shown on the birth certificate or proving the correct spelling of a name.

   (e) Photocopy of a Petition for Name Change and Certificate of Naturalization. The Petition for Name Change alone is not an acceptable document. The Certificate of Naturalization must be signed with your new name. If a Petition for Name Change is used, it must be accompanied by the Certificate of Naturalization.

(5) Any documentation that is not in English must be accompanied by a signed translation document.

(6) Complete the form including having it notarized. Incomplete applications will be returned.

(7) If submitting by mail, send photocopies of your documentation. Documents will not be returned.

(8) Forms and documentation can be faxed to ARRT at 651.681.3297, or mailed to ARRT, Records Department, 1255 Northland Drive, St Paul, MN 55120-1155

(9) Allow 7-10 business days for processing. Contact the Continuing Registration Department at 651.687.0048 after the process period if you would like to confirm your name change with ARRT.
NAME CHANGE FORM

Read instructions on the reverse side before completing this application.

SECTION 1

ARRT ID Number: ________________________  U.S. Social Security Number: _______ – _______ – _______

Birthdate: _______ / _______ / _______

Current Legal First Name and Middle Name or Initial: ____________________________

Current Legal Last Name: ____________________________

Current Street Address 1: ______________________________________________________

Current Street Address 2: ______________________________________________________

Current City: ____________________________  State: _______  Zip: _______

SECTION 2

AFFIDAVIT OF NAME CHANGE

(1) I, __________________________________________________________, petition ARRT for a name change from

_________________________________________________________ to the name I have printed in Section 1.

(Full name as it currently exists in ARRT record.)

(2) In seeking this name change, I represent and warrant that all information and legal documentation provided by me to ARRT is true and correct.

(3) I understand and agree that if any information submitted by me in connection with this petition for a name change is false or misleading, my certification and registration may be subject to immediate permanent revocation or such lesser sanction as ARRT, in its sole discretion, may impose.

Date: ____________________________  Signature: ______________________________________

SECTION 3: THE FOLLOWING MUST BE COMPLETED BY A NOTARY

STATE OF: ____________________________  COUNTY OF: ____________________________

The foregoing instrument was acknowledged before me this _______ day of _________, 20_______.

Commission expires on ____________________________

(Signature and State of Notary Public)

Personally Known: ________________ or Produced Identification: ________________

Type of Identification Produced: ____________________________________________________

NOTARY STAMP/SEAL