

**Kentucky Board of Chiropractic Examiners**  
**P.O. Box 183**  
**Glasgow, KY 42142-0183**  
**Phone: (270) 651-2522**  
**Fax: (270) 651-8784**

**ADDRESS / NAME CHANGE FORM**

• Consistent with Kentucky law, business addresses of licensees are made available to the public.

**1. OLD Name or Mailing Address**

Please clearly print all requested information below.

_____ Last Name	_____ First Name	_____ Middle Name or Initial	
_____ Social Security Number	_____ License Number		
_____ <b>OLD</b> Address	_____ City	_____ State	_____ Zip Code
(____)_____ Phone Number	(____)_____ Fax Number	_____ Email	

**2. NEW Name or Mailing Address**

(NOTE: You may NOT use this form to request a change of BUSINESS name. A copy of any of the following documentation must accompany a name change request: Marriage license, birth certificate, immigration records, divorce decree, court order, or passport. DO NOT SEND ORIGINALS.)

_____ Last Name	_____ First Name	_____ Middle Name or Initial	
_____ Social Security Number	_____ License Number		
_____ <b>NEW</b> Address	_____ City	_____ State	_____ Zip Code
(____)_____ Phone Number	(____)_____ Fax Number	_____ Email	

This address is my: [ ] HOME [ ] BUSINESS

**3. Deliver, mail or fax this completed form to the ADDRESS ABOVE.**