

D. COMPLETE THIS SECTION FOR NAME CHANGE

Former full legal name:

First Middle Last

I request my name be changed to:

First Middle Last

NAME changed due to:

Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC in the appropriate section, sign and date
- Certified copy of *Marriage Certificate*
- Copy of Social Security Card or ITIN stating married name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Superior Court – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC appropriate section, sign and date
- Certified copy of completed endorsed *Decree of Changing Name*
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Dissolution of Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC appropriate section, sign and date
- Copy of *Dissolution* (endorsed) which states “the former name restored,” and/or endorsed copy of Ex Parte Application for Restoration of Former Name
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Citizenship – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC appropriate section, sign and date
- Copy of Certificate of Naturalization
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Correction – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC appropriate section, sign and date
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Signature _____ Date: _____

By signing this document I authorize the Certification Division to make the changes indicated above with the Commission on Teacher Credentialing, and certify that the foregoing is true and correct under penalty of perjury.

This form and the required documentation to process the change(s) requested must be sent to the Commission by postal mail to the following address:

Commission on Teacher Credentialing
Certification Division
1900 Capitol Avenue
Sacramento, CA 95811-4213
ATTN: Educator Profile Change Request