

**STATE OF GEORGIA
NURSE AIDE REGISTRY
REQUEST A CHANGE OF NAME**

**Georgia Medical Care Foundation
Georgia Nurse Aide Registry
P.O. Box 105753
Atlanta, GA 30348**

If your name has changed, please fill out this form completely. Incomplete forms will not be processed. Please check for updates to registry status at www.mmis.georgia.gov.

Instructions: (please type or write legibly so your request may be processed):

1. Provide complete information in the spaces provided.
2. Sign and date the form at the bottom.
3. Provide a copy of either your marriage/divorce decree, social security card or a court document that verifies your name change.
4. Provide copy of social security card to correct the spelling of your name on the registry.
5. Mail this form **and** a copy of your legal document to the address listed below.
6. **Return the current certification card with incorrect name.**

Previous Name:

Name (Last) _____ (First) _____ (Middle) _____

New Name:

Name (Last) _____ (First) _____ (Middle) _____

Address: _____

Certification Number # _____

or

Social Security Number # _____

Date of Birth _____

___ Certification Card with incorrect name attached to form

___ Certification Card with incorrect name lost- not attached to form

I certify that the above information is true and complete.

SIGNATURE OF NURSE AIDE

DATE

Please allow 14 business days for processing.

Mail form to address listed at top of page.