42 Fountain Place
Frankfort, KY 40601
502-782-5687 Phone
502-782-6495 Fax
http://kbmirt.ky.gov

NAME/ADDRESS CHANGE FORM

1.) License #: _____

2.) Date of Birth: _____

3.) Old Name or Mailing Address:

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

_____
(Old Address) (City) (State) (Zip Code)

4.) New Name or Mailing Address:

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

_____
(New Address) (City) (State) (Zip Code)

(_____) _____
(Phone #) (Current E-mail Address)

For a name change: A copy of legal documents must accompany this form (i.e. Marriage License)