



THE AMERICAN BOARD OF PATHOLOGY CHANGE OF NAME REQUEST FORM

If your name has legally changed and you would like for your name to be changed on all ABP records, **you must send verification of your legal name change (marriage certificate, court order, etc.) along with this request.** If you would like a replacement certificate engraved with your new name, you must complete a Replacement Certificate Request Form and return your original certificate.

INSTRUCTIONS:

Step 1. Use a computer to fill in the information with MS Word.

Step 2. When completed, print the form and sign at the bottom.

Step 3. Fax, scan, **or** mail, signed request to the ABP with verification documentation via

- Fax to 813-289-5279, ATTN: Mary
- Scan as pdf file and e-mail as an attachment to Mary@abpath.org
- Mail to The American Board of Pathology, 4830 W. Kennedy Blvd., Suite 690, Tampa, FL, 33609-2571, ATTN: Mary

Previous Name:

First Middle Last

Current Name:

First Middle Last

Last 4 digits of SSN: _____

Date of Birth: _____

E-mail address: _____

Signature: _____ **Date:** _____