# NAME CHANGE and/or <br> RE-ISSUANCE OF A CREDENTIAL 

## REQUIRED INFORMATION

Print the Name as it appears on your Current Credential:

| Address: <br> Check if this is a new address | Street/PO/Route: |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | City: | State: |  | Zip: |
| Telephone - Optional: |  |  | E-mail - Optional: |  |
| Date of Birth: |  |  |  |  |
| Social Security Number: |  |  |  |  |
| Credential Number: |  |  |  |  |
| Profession: |  |  |  |  |

IF REQUESTING A NAME CHANGE, complete the following:

## Print your new legal name:

## ATTACH A COPY OF ONE OF THE FOLLOWING DOCUMENTS (required):

$\square$ Marriage license
$\square$ Divorce decree
$\square$ Court Order of legal name change
$\square$ Passport
$\square$ Other valid verification; print the name of this document: $\qquad$

IF REQUESTING A RE-ISSUED CREDENTIAL check and indicate number of wall credentials you are requesting:

| Document Name |  | \# Requested |
| :--- | :--- | :--- |
|  | $4.5 \times 7.25$ wall credential |  |

NOTE: YOU MUST SUBMIT $\$ 10.00$ FOR EACH REISSUED CREDENTIAL REQUESTED.
Check one:

copy of current driver's license showing photograph and signature copy of passport showing photograph and signature
other (specify)

A Wallet size credential may be printed at no cost at the following link: https://www.nebraska.gov/LISSearch/search.cgi

Signature (required) All the statements on this request are true and correct.

