



CHANGE OF NAME REQUEST FORM

If your name has been legally changed and you would like to have it changed on all ABMGG records, you must provide verification of your legal name change (marriage certificate, court order, *etc.*). There is no fee for this change.

If you would like a Replacement Certificate engraved with your new name, you must complete an [ABMGG Replacement Certificate Request Form](#), return your original Certificate, and pay a \$150 replacement fee.

INSTRUCTIONS: Complete this Request Form and along with the requested verification documentation, submit them to the ABMGG as follows:

- Scan and e-mail to: abmgg@abmgg.org

OR

- Mail to: American Board of Medical Genetics and Genomics
6120 Executive Boulevard, Suite 525
Rockville, MD 20852

Your Previous Name (*This is your name currently on record with ABMGG*):

First _____ Middle _____ Last _____

Your Current Name (*The name you would like to have on record with ABMGG*):

First _____ Middle _____ Last _____

Date of Birth: _____ Last 4 digits of SSN: _____ E-mail: _____

Signature: _____ **Date:** _____