



Kansas Board of Cosmetology
714 SW Jackson Ave Suite 100 • Topeka, KS 66603-3751
(785) 296-3155 • Fax: (785) 296-3002
E-mail: kboc@kboc.ks.gov • www.kansas.gov/kboc

AFFIDAVIT OF IDENTITY

Complete this application online, print, and forward to the above address. Attach required documentation to verify the name change.

Applicant Information

Name (as it appears on current license): _____
Last First Middle

Address: _____
(Street/Apt) (City/State) (Zip)

Phone Number: (____) _____ Date of Birth: _____ *Social Security Number: _____
(mm/dd/yyyy)

*Pursuant to K.S. A. 74-139, the applicant shall be requested to provide the social security number of said applicant. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicant's social security number and address.

New Name

New Name: _____
Last First Middle

Address (if different than above): _____
(Street/Apt) (City/State) (Zip)

Type of attached legal documentation: Marriage Certificate
 Divorce Decree
 Court Documentation

Attestation and Notarization—At this point print this completed application

You may only sign and date this attestation before the individual who will notarize the document. Once the form is signed and notarized, forward the completed application and all attachments to the Kansas Board of Cosmetology.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

County: _____ State: _____

Signature of Notary: _____ Notary Seal