



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
Real Estate Licensing 800/560-6420

CHANGE OF NAME REQUEST

Name of Profession:

IL License #

Name as it currently appears on license (Last, First, MI):

New Name (Last, First, MI):

E-Mail Address (REQUIRED):

Mailing Address (Street, City, State, Zip Code):

Phone Number:

Submit proof of one of the following - an original copy is **not** required (please check document submitted):

_____ Copy of Marriage Certificate

_____ Copy of Divorce Decree

_____ Copy of Court Order

Please send form to:

**Illinois Department of Financial and Professional Regulation
Division of Real Estate**

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Springfield, Illinois 62786

FPR.REALESTATE@ILLINOIS.GOV

For Office Use Only

_____ **Approved**

_____ **Denied**

_____ **Pending**

_____ **Representative**

_____ **Date**