



**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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320 West Washington Street, 3rd Floor  
Springfield, Illinois 62786

[FPR.REALESTATE@ILLINOIS.GOV](mailto:FPR.REALESTATE@ILLINOIS.GOV)

**For Office Use Only**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Denied**

\_\_\_\_\_ **Pending**

\_\_\_\_\_ **Representative**

\_\_\_\_\_ **Date**