



**LEGAL NAME CHANGE FORM**

SECONDARY DOCUMENT

**LNC-4600**

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Professional Regulation  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786  
800-560-6420

**557 / 556 / 553**

**PURPOSE:** This form is used when an Illinois licensed or certified appraiser has legally changed their name through marriage, recognized civil unions, or court order.

**DIRECTIONS:** Type or print legibly. The form must be completed in its entirety. If an area is not applicable, please indicate "N/A". Incomplete applications or applications completed that do not comply with the instructions will be returned to the applicant. The form must contain an ORIGINAL signature of the applicant. There is **NO FEE** for this form.

**LICENSEE INFORMATION BEFORE CHANGE**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Appraisal License Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Section 1455.210 Notification of Name Change**

It is the responsibility of each licensee issued a license under this Act to notify the Division, within 15 days after any change of name. For example, if the licensee has had a name change either by court order or due to a change in marital status, the licensee shall notify the Division of the name change, together with a certified copy of the marriage certificate or portions of the court order relating to the name change, and indicate under which name the license shall be issued.

**LICENSEE INFORMATION AFTER CHANGE**

Signature \_\_\_\_\_

New Name \_\_\_\_\_

I am attaching a:

- certified copy of my marriage certificate, recognized civil union, or
- relevant portions of a court order related to my name change, or
- other relevant documents (**drivers license and/or a Social Security card is NOT acceptable**)

Today's Date \_\_\_\_\_