



## Change of (Registered) Name

### Existing Details

Name

Registration No.

Existing Given Name(s)

Existing Family Name

### New Details

New Given Name(s) *(if applicable)*

New Family Name *(if applicable)*


### Reason for Change

Please tick one:

- Marriage
- Divorce
- Other

**\*\*Please attach a certified copy of documentation evidencing the change\*\***

### Postal Address\* *(update if details have changed)*

Address

Please indicate which address is below: Residential / Business

Suburb/Town

State

Postcode

Home Telephone

Work Telephone

Mobile

Fax

Email

### Declaration

I certify that the information provided on this form is true and correct, and that I am authorised to make this decision. I declare that I am the person named in the documents accompanying this application as set out in the "Reason for Change" section in this form.

Signature

Date

Mail to:

Veterinary Practitioners Registration Board of Victoria  
Level 11, 470 Collins Street, Melbourne, Victoria, Australia 3000  
Telephone: +613 9620 7444

Website: [www.vetboard.vic.gov.au](http://www.vetboard.vic.gov.au) Email: [communications@vetboard.vic.gov.au](mailto:communications@vetboard.vic.gov.au)