

DUPLICATE RESIDENT DIPLOMA APPLICATION

An individual seeking a new resident diploma may obtain one by completion of the application below and submission of the requisite fee of seventy five (\$75.00) dollars *per copy*, payable to "Rutgers New Jersey Medical School GME " and mailed to the following address:

Rutgers New Jersey Medical School
Graduate Medical Office
185 South Orange Avenue, MSB, C 594
Newark, NJ 07101

Current Legal Name

Name on Diploma (if different)

Social Security Number

Mailing Address

City, State, Zip Code

Telephone Number

E-mail Address

Date of Residency Completion

Explanation of reason for request:

Number of copies requested:

FOR NAME CHANGE, RETURN ORIGINAL DIPLOMA AND SUBMIT PAGE 2

Date _____

OFFICIAL NAME CHANGE AFFIDAVIT

An individual seeking an official name change for his/her residency records must complete this application. It should then be submitted to the Graduate Medical Office along with the supporting documentation requested. This form is an online fillable form and may be printed for submission when complete. Please be sure to make a copy for your records.

My Current Legal Name Is:

First Name: Middle Name: Last Name:

Telephone #: Email Address: _____

Residency Year:

I herein certify:

The name under which I attended Rutgers NJMS Residency Program is/was:

First Name: Middle Name: Last Name:

I am submitting the following supporting documents for this legal /official name change and ask that my records be updated.

- Attached Supporting Documentation (court order, marriage certificate, divorce decree, etc.)
- Other

1.

2.

My *Social Security Number Is:

(DO NOT KEY DASHES)

***A Copy of Your Social Security Card With New Name Is Required In Addition To Above Document(s).**

I am not changing my name for any fraudulent purpose or to avoid criminal prosecution. I am making this Affidavit in order to aid in correcting or adjusting my records.

Date _____

Signature