

Affidavit Form

Name: _____
Ohio License Number: _____
Branch of Practice: _____
Current Mailing Address: _____

Check Box if New Address

I, _____, am requesting a replacement duplicate identification card:
(Name of Licensee/Affiant)

- Name Change Only - No Fee (include a copy of legal name change document)
- Wallet Card – Fee \$35 (fee payable to the Ohio Treasurer - check or money order only)
- Wall Certificate – Fee \$35 (fee payable to the Ohio Treasurer - check or money order only)
- Both Wallet and Wall Certificate – Fee \$70 (fee payable to the Ohio Treasurer - check or money order only)

For the following reason (i.e., lost, stolen, damaged, name change, etc.): _____

NAME AS IT SHOULD APPEAR ON YOUR IDENTIFICATION CARD:

LAST	FIRST	MIDDLE	SUFFIX (JR/SR)
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Affiant further states that the statement herein contained is strictly true in every respect; that he/she is the person named in the original identification card and was the lawful possessor of the original identification card; and that if his/her identification card has been lost and is later found, he/she will return the original identification card to the State Medical Board of Ohio at 30 E. Broad Street, Columbus, Ohio 43215-6127, ATTN: Records Department.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Date	Signature

STATE OF _____
COUNTY OF _____

I, the undersigned Notary Public, do hereby affirm that _____, personally appeared before me on the ____ day of _____, 20 ____, and signed and sworn the above Affidavit of free act and deed.

(NOTARY SEAL)

Notary Public

Please return this completed form, applicable fee and documentation to the Records Department at the address on this letterhead