

Board of Medical Examiners

620 Crown Plaza 1500 SW First Avenue Portland, OR 97201-5826 (503) 229-5770 FAX (503) 229-6543

NATURALIZATION AFFIDAVIT

Instr	uctions:						
000	Present your Naturaliza	vide a written explantion Certificate to a	nately nation stating why your Birth (Notary with completed Affida showing full legal name-with o	vit and valid U.S.	Passport		
(PLEASE TYPE OR PRINT)							
A)	Former Name:	First Name(s) Middle Name(s) Last Name(s)					
B)	New Name:	First Name(s)	Middle Name(s)	Last Nan	Last Name(s)		
C)	Signature: Name used as your business signature						
D)	Address:	Street	City		State	Zip Code	
E)	Naturalization: 1) 2) 3)		ificate of issue				
Reason Birth Certificate is unavailable							
(SEAL)		Applicant Signature					
			Subscribed and sworn to beday of	20			

Notary Public for:

My commission expires: