

**Wyoming Miner's Hospital Board**  
**Name Change Form**

Revised 10/17/2014

Please update my records to show my name change effective:

\_\_\_\_\_.

Print Old Name: \_\_\_\_\_

MHB ID #: \_\_\_\_\_

Print New Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail, fax or scan and e-mail to:

Wyoming Miner's Hospital Board  
2001 W. Lakeway Rd, Ste B  
Gillette, WY 82718  
Ph: 1-866-808-3004  
Fax: 1-307-685-6847  
minershospbd@wyo.gov