



**Mississippi**  
**Board of Examiners for**  
**Social Workers and Marriage & Family Therapists**  
**Jackson, MS 39296-4508**  
**Post Office Box 4508**  
**601-987-6806/Fax: 601-987-6808**  
**www.swmft.ms.gov**

## NAME CHANGE FORM

Change in Name: It is the responsibility of the applicant or licensee to notify the Board promptly, no later than 30 days following the change of name. ***All requests for a name change must be made in writing, signed and notarized, and accompanied by a certified copy of the legal document which changed the name, and the \$10.00 processing fee (must be a money order or cashier's check).*** Licensees will be in violation of the standards of practice if they practice using a name different from the one appearing on their license certificate, and will be subject to disciplinary action by the Board. Upon approval, your name will be changed in our records. You **will not** receive a new certificate or identification card. They must be requested separately (See Resources → Other Forms at [www.swmft.ms.gov](http://www.swmft.ms.gov)).

Please print or type. Check one  Applicant  Licensee

Previous Name: \_\_\_\_\_ License # \_\_\_\_\_

New Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

A certified copy is a duplicate of an original document that is certified as a true copy by the officer having custody of the original.

Type of legal documentation:  Marriage License

Driver License

Social Security Card

**DO NOT SEND ORIGINAL DOCUMENTS**

**Licensee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscribed and sworn to before me this

(affix seal here)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

## NAME CHANGE REQUEST ONLY!