



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).

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. **PLEASE DO NOT SEND ORIGINAL DOCUMENTS, ONLY A COPY.**

Type of legal documentation: Marriage License

Driver License

Social Security Card

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!