



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.*** The processing fee is \$10.00 payable by money order or cashier's check. If you are currently licensed, the form and document copies can be submitted via email to info@swmft.ms.gov and the fee can be paid online in LARS. 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.

Please print or type. Check one Applicant Licensee

Previous Name: _____ License # _____

New Name: _____ Last 4 of 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 / Divorce Decree

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!