



**TEXAS STATE BOARD OF EXAMINERS OF  
MARRIAGE AND FAMILY THERAPISTS**

**Budget #ZZ128**

**Fund # 103**

#: \_\_\_\_\_

\$: \_\_\_\_\_

**Name Change Request Form and/or Duplicate License Form**

Please check the appropriate option. Make your checks payable to the Department of State Health Services.

\_\_\_\_\_ Name Change and Duplicate License & Renewal Cards Reflecting New Name (Complete **Section 1**. Please include supporting documentation showing the name change and the \$10 duplicate license fee.)

\_\_\_\_\_ Duplicate License and Renewal Cards Only (Complete **Section 2** and provide the \$10 duplicate license fee.)

**Section 1 - Name Change Request Form and Duplicate License & Renewal Cards**

You must attach supporting documentation showing the name change (e.g. photocopy of new social security card, photocopy of new driver's license, and/or photocopy of marriage certificate). You must also submit a \$10 fee. Note: If you hold multiple licenses, it is your responsibility to notify each program/board regarding your name change request.

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

Former Name: \_\_\_\_\_

License Number: \_\_\_\_\_

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

**Section 2 - Duplicate License and Renewal Cards Only**

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

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

Mail form, fee, and documentation to:

**Texas State Board of Examiners of Marriage and Family Therapists**

**Mail Code 2003**

**P.O. Box 149347**

**Austin, TX 78714-9347**

Phone: 512-834-6628 Fax: 512-834-6677