



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

____ 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 & Type: _____

Mailing Address: _____

Section 2 - Duplicate License and Renewal Cards Only

Name: _____

License Number & Type: _____

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: 512-834-6657 Fax: 512-834-6677