



Mississippi State Board of Examiners For Licensed Professional Counselors

239 N. Lamar Street, Suite 402

Jackson, MS 39201

Phone (601) 359-1010 • Fax (601) 359-1030 • Email: info@lpc.ms.gov

Website: www.lpc.ms.gov

Name Change Request

*Refer to Rule 6.4(C)

Current Information

(as listed in Data Detail at www.lpc.ms.gov)

Name _____ License # _____

Change of Information

New Legal Name: _____

All name changes should be accompanied by legal documentation and the prescribed "name change" fee. If you have recently married, please enclose a copy of your marriage certificate or a copy of your new social security card with your new name on it. If you have recently divorced, please include a copy of the divorce decree and highlight the section that verifies that your name legally reverts to your previous name. Alternatively, we will accept a copy of your social security card with your new legal name on it.

BUSINESS ADDRESS

Company Name: _____

Business Address: _____

City _____ **State** _____ **Zip** _____ **County** _____

HOME ADDRESS

Home Address: _____

City _____ **State** _____ **Zip** _____ **County** _____

Home Phone: _____ **Cell Phone:** _____

Business Number: _____ **Email Address:** _____

Which address do you choose to be published? Business Address Home Address

Which address do you choose for Board correspondence? Business Address Home Address