



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

Budget #ZZ128
Fund # 103
#: _____
\$: _____

Name Change Request Form

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. Please make your checks payable to the Department of State Health Services.

§801.18. Fees. (a) The board has established the following fees for licenses, license renewals, examinations, and all other administrative expenses under the Licensed Marriage and Family Therapists Act (Act). (b) The schedule of fees shall be as follows: (7) duplicate license fee--\$10

New Name: _____

Former Name: _____

License Number: _____

Note: If you hold multiple licenses, it is your responsibility to notify each program/board regarding your name change request.

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