



Mississippi Board of Psychology

2395 Deerfield Road

Yazoo City, MS 39194

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www.psychologyboard.state.ms.us

NAME CHANGE FORM

Previous Name: _____

New Name: _____

All name changes should be accompanied by legal documentation. 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

Home Address:

Home Address

City, State, Zip

Business Number: _____ Fax Number: _____

Home Number: _____ Cell 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** ____