

**NORTH CAROLINA
MARRIAGE AND FAMILY THERAPY LICENSURE BOARD**

NAME CHANGE FORM

You can **email, mail or fax** this form to the North Carolina Marriage and Family Therapy Licensure Board.

Please attach one copy of the legal documentation (marriage certificate, divorce paper decree, etc.). The documentation that you submit does not need to be certified. Complete and send this form to the Board's office.

EMAIL, MAIL OR FAX THIS FORM TO:

E-Mail: *ncmftlb@nc.rr.com*

Fax: (919) 336-5156

Mail: North Carolina MFT Licensure Board

PO Box 5549

Cary, NC 27512

Please provide the information below:

Previous Name: _____

New Name: _____

E-Mail Address: _____

Phone: _____

Optional: Fee for Re-issuance of/Duplicate License is \$25.

Send check or money order with this form to:

NCMFTLB, PO Box 5549, Cary, NC 27512

Or

Pay with credit card through PayPal - See link on home page or forms page of www.ncmft.org, select duplicate license option.