



North Carolina Board of Licensed Professional Counselors

Name Change Form

You must Mail name changes, **fax copies are not acceptable.**

Mail this form to: NCBLPC PO Box 1369 Garner NC 27529-1369
Fax this form to: 919-779-5642
Faxed copies are not acceptable.

Please be sure to attach copies of all legal documentation, such as marriage certificate, divorce papers, or other court documents in order for the Board to process your name change request.

LPC # _____ OR SS # _____ - _____ - _____

Previous Name _____

New Name _____

Documentation Enclosed: ___ Marriage Certificate ___ Divorce Decree ___ Other

This form must be signed by the licensee/applicant in order to be processed.

Signature Date

If you would like to request a duplicate license with the new name, please complete the Request for Duplicate License Form below.

Request for Duplicate License Form

Duplicate licenses may be obtained by sending this form with **\$15** payment (check, money order or credit card info) to the address above.

If your name has changed, the Board does not require you to obtain a license with your new name. However, if you wish to obtain one, mail this form along with the Name Change form and payment to the address listed above.

Name _____

Address _____

City/State/ZIP _____

I am paying by: ___ check (# _____) ___ credit card
Amount paid: \$ _____ Amount to be charged: \$ _____
CC Type: ___ VISA ___ MasterCard Expiration Date: _____
CC #: _____

Cardholder's Signature (required)