Mississippi Autism Board

P.O. Box 136
Jackson, MS 39205
Telephone (601) 359-6792 Fax (601) 576-2570 www.MSAutism.sos.ms.gov

Name Change Form

Previous Name _____

New Name _____

All name changes should be accompanied by appropriate legal documentation. If recently married, please enclose a copy of your marriage certificate or a copy of your newly issued social security card reflecting the name change. If recently divorced, please include a copy of the divorce decree and highlight the portion verifying a legal reversion to your previous name.

Business Address Information

Company Name _____

Company Address _____

City, State, ZIP _____

Home Address Information

Home Address _____

City, State, ZIP _____

Work Phone _____ Fax Number _____

Home Phone _____ Cell Phone _____

Email _____