



**TEXAS BEHAVIORAL HEALTH  
EXECUTIVE COUNCIL**

333 Guadalupe St., Ste. 3-900  
Austin, Texas 78701  
Tel.: (512) 305-7700  
www.bhec.texas.gov

For Agency Use Only

**CHANGE OF NAME FORM**

*You must include a copy of a current driver's license, social security card, marriage license, divorce decree, or court order setting forth a change of name. See 22 TAC 882.32.*

*Please mail this form to the address above. Do not submit this form and supporting documentation by email.*

**Change of Name:**

License Number: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Current Name: \_\_\_\_\_

**REQUEST FOR UPDATED PERMIT OR LICENSE WITH THE  
ASSOCIATED FEES**

*Please make your check, cashier's check, or money order payable to "TBHEC"*

\_\_\_\_\_ I am requesting a new renewal permit reflecting my name change.      **\$10.00**

\_\_\_\_\_ I am requesting a new calligraphy license reflecting my name change.      **\$10.00**