

MISSISSIPPI STATE BOARD
OF PUBLIC ACCOUNTANCY

5 OLD RIVER PLACE, SUITE 104
JACKSON, MS 39202-3449
(601) 354-7320 (601)354-7290 FAX

REPORT OF NAME CHANGE

(Required for the following Board applications: CPA Examination; CPA License)

INSTRUCTIONS:

If you have ever changed your name (including by marriage), list your current name on the first line, and then list each other name you have had. **You must also attach a copy of the legal documentation of each name change if not already on file in the Board office.** Sign and date the completed form and then mail it and the required legal documentation to the address above, or email the completed form and documentation to the Board Licensing Administrator at danielle.parrish@msbpa.ms.gov.

CURRENT NAME:

| First Name | Middle Name | Last Name | Suffix |
|------------|-------------|-----------|--------|
| | | | |

PREVIOUS NAME(S):

| First Name | Middle Name | Last Name | Suffix |
|------------|-------------|-----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

SIGNATURE: _____

DATE: _____