



**State of Missouri**  
**Missouri Commission for the Deaf and Hard of Hearing**  
 3216 Emerald Lane, Suite B, Jefferson City, MO 65109  
 (573) 526 – 5205



## APPLICATION FOR CHANGE OF NAME AND/OR CONTACT INFORMATION

**PURPOSE OF FORM:** This form is to be used to inform the MICS of your current name and contact information.

### I. APPLICANT INFORMATION:

Name (Print in full, including middle initial):		Telephone Number:		
Previous Name(s) (If any):		Date of Birth:		
Address:	City:	State:	Zip Code:	
Email:				

### II. CERTIFICATION INFORMATION:

Do you want a new certification document with your new name?  Yes  No

### III. AFFIDAVIT OF APPLICANT:

I, the above-named applicant, being first duly sworn upon my oath, state as follows:  
 I have personally completed the foregoing application truthfully and without omission; The information and answers contacted in the foregoing application and any attachments thereto are true to the best of my knowledge and belief; I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills and/or any other testing material; I will comply with state laws, rules and regulations of the Board of Certification of Interpreters and I will make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo.

Signature of Applicant:	Date:
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### IV. INSTRUCTIONS:

If you have changed your name, attach a copy of any legal documentary necessary to verify that change (i.e. marriage certificate, or divorce decree). Return the completed form, a copy of marriage certificate or divorce decree, and a photocopy of a valid driver's license ID or state issued ID to:

MCDHH, Attn: MICS Coordinator, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109.

### FOR OFFICE USE ONLY:

Date Received:	Updated in Database:	Received By:
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