



**Counselor, Social Worker & Marriage and Family Therapist Board**

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This is an active PDF file,  
 click on the boxes and  
 type your information  
 then print.

**NEW CERTIFICATE REQUEST FORM**

**You may fax this form, along with all applicable material**

COMPLETE THIS SECTION IF YOUR NAME HAS CHANGED.

A **marriage certificate**, **drivers license** (in your new name) or **court record** is required (photocopies are acceptable) **OR** for name changes without proof simply complete the affidavit at the bottom of this form, and have this form notarized.

Please note, original documents will NOT be returned or kept on file.

**Replaced certificates must be destroyed– Note the notarized statement below states you will do so.**

**PRINT CLEARLY** your name **exactly** the way you want your certificate to read, including **middle initial**, or **hyphenated last name**.

ORIGINAL INFORMATION:		CORRECTED INFORMATION:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY	STATE/ZIP:	CITY:	STATE/ZIP:
LICENSE NUMBER:		EMAIL ADDRESS:	
ORIGINAL LICENSURE DATE:			
DAYTIME PHONE NUMBER:			

COMPLETE THIS SECTION IF YOUR CERTIFICATE WAS DAMAGED, MISPLACED OR NEVER RECEIVED  
**PLEASE COMPLETE THE FOLLOWING AFFIDAVIT  NOTARIZE AND RETURN BY MAIL**

**A notarized form must be returned by mail.**

NAME:		EMAIL ADDRESS:	
ADDRESS:		LICENSE NUMBER:	
CITY:	STATE/ZIP:	ORIGINAL LICENSURE DATE:	
DAYTIME PHONE NUMBER:		This section for Social Workers only LSW~LISW <b>DEGREE (S)</b>	

The undersigned, being duly sworn, deposes and says that their name has changed, their certificate was damaged, he/ she has lost, or never received their license certificate issued to him/her by the CSWMFT Board. The undersigned deposes that he / she shall destroy the certificate that is being replaced.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of Licensee

\_\_\_\_\_  
 Notary Signature