NAME CHANGE FORM

To ensure that all records are updated, please complete the information at the bottom of this page and return this sheet to your departmental payroll clerk together with: (1) a completed W-4 form; (2) a completed DE-4 form; and (3) a xerox copy of your signed Social Security Card which verifies your new name. Please be sure to return this memo with your forms.

Please note that the Social Security Administration requires that we show the <u>same name on our records</u> <u>as appears on your Social Security Card</u>. To have your name changed on your Social Security Card, go in person to the nearest Social Security Office and bring identification with you of your old and new names. For name changes, they will accept the following identification: marriage certificates, divorce certificates, and copies of adoption proceedings.

You should file with the Social Security Administration as soon as possible after your name has changed. We will NOT change your records without a copy of the new card and a difference in names can cause difficulties if you have changed your names on bank accounts or the like.

Please note that you have <u>31 days</u> from the date of change (e.g., marriage) to notify Personnel Risk Management to make any necessary changes to each of your insurances.

When you complete and return this memo to your departmental payroll clerk together with the W-4 form, DE-4 form, AND a copy of your signed Social Security Card, we will:

- 1. Change Personnel and Payroll records to reflect the new name;
- 2. Notify P.E.R.S. of the name change for your retirement records.

OLD NAME:					
_	Last	First	Middle Name/Initi	al	
NEW NAME:					
	Last	First	Middle Name/Initi	al	
SOCIAL SECURITY NUMBER:				HOME PHONE:	
ADDRESS:					
S	Street				
City		State	Zip Code		
If you would l	ike to update your	gender identit	y, please indicate:	□ Male □ Female	🗌 Non-Binary
F D		L.			
For Personne	el Records Unit On	iiy:			
SS# verified_	PERS Retire	W-4 to	Auditor DE-4	to Auditor	