

Human Resources

Primary Name Change

This form is used when an employee is requesting a primary name change. This is only used for Human Resources purposes. The employee must physically present a **photo ID** and **Social Security card** that bears the employee's new name.

Employee ID: _____

Reason and date of event for a Primary Name Change (check one):

- Marriage Date: _____
 Divorce Date: _____
 Other Date: _____

Last Name (Name Changed to): _____ First Name: _____ M.I.: _____

Address (Street Number and Name): _____ Apt Number: _____

City or Town: _____ State: _____ Zip Code: _____

Date of Birth (mm/dd/yyyy): _____ US Social Security Number: _____

Email Address: _____ Phone Number: _____

Name Changed from: _____

Employee's Signature: _____ Date: _____

Print Name: _____