



CHANGE OF NAME FORM

DATE: _____

NEW NAME TO BE CHANGED TO:

PREVIOUS NAME BEFORE CHANGE:

LAST FOUR DIGITS OF SOCIAL SECURITY #: _____

STATUS: ACTIVE___ RETIRED ___ INACTIVE ___

UNIT MEMBER EMPLOYED BY: (TOWN OR DISTRICT)

CURRENT ADDRESS:

TELEPHONE: _____

EMAIL: _____

SIGNATURE: _____

SUPPORTING DOCUMENTATION TO BE INCLUDED WITH FORM: MARRIAGE
CERTIFICATE, DIVORCE AGREEMENT, COURT APPROVAL, ETC.