



Commonwealth of Massachusetts
MIDDLESEX COUNTY RETIREMENT SYSTEM
 25 LINNELL CIRCLE • P.O. BOX 160 • NUTTING LAKE, MA 01865
 WWW.MIDDLESEXRETIREMENT.ORG

CLEAR FORM

PRINT FORM

Over 100 Years of Public Service

CHAIRMAN
THOMAS F. GIBSON, ESQ.

BRIAN P. CURTIN

JOSEPH W. KEARNS

JOHN BROWN

ROBERT W. HEALY

Chief Administrative Officer
LISA MALONEY, ESQ.

CHANGE OF NAME FORM

The original document with your ink signature is required for processing and must be **mailed** to the office.

MEMBER INFORMATION	
New Name:	Last 4 SSN:
Former Name:	Town or Unit Employed By:
Member's Status: Active *Active members must also report their name change to their payroll officer. Retired Inactive	
Address:	
City, State, Zip Code:	
Phone:	
Cell:	Home:
Personal E-Mail Address:	

In order to process your request, you **must** enclose a copy of the legal documentation that supports your name change.

SUPPORTING DOCUMENTATION TO BE INCLUDED WITH FORM:

Court Order

Divorce Agreement

Marriage Certificate

OTHER - _____ (Document type)

Signature (required)

Date