

Change of Name Notification

Previous Name: _____

Social Security Number: _____

Telephone Number: _____

Effective Date of Change: _____

New Name

First Name: _____

Middle Name/Initial (Optional): _____

Last Name: _____

Please Note: Please attach a copy of the Court Order or other legal document through which you changed your name. Other acceptable documentation may include:

- Current Driver's License
- Marriage License with copy of picture I.D.
- Social Security Card with copy of picture I.D.
- Passport

Signature: _____ **Date:** _____

Seattle City Employees' Retirement System

720 3rd Ave., Suite 900, Seattle, WA, 98104 Telephone: (206) 386-1293, Fax: (206)386-1506