

CHANGE OF NAME FORM

Name: _____

Last 4 digits of SSN: _____

E-Mail Address: _____

INSTRUCTIONS:

1. Please print or type and sign the form. All changes require a signature for processing.
2. Return the form using one of the following methods:
 - a. Mail to: **City of San José**
Office of Retirement Services
1737 N. First St Suite 600
San José, CA 95112
 - b. Fax to: **(408) 392-6732**
 - c. E-mail scanned document to: **csj_retirement@sanjoseca.gov**
3. For help with filling out the form, call the Benefits Division at (408) 794-1000.

Retiree/Survivor Requests the Following NAME Change:

FORMER NAME:		
LAST:	FIRST:	M. I.
NEW NAME:		
LAST:	FIRST:	M. I.

Reason for the Name Change:

- Marriage
- Widower
- Divorce: You need to provide the ORS with your divorce documentation if your marriage overlapped with City Service.
- Other: _____

Provide one of the following legal name change documents showing the NEW name:

- Social Security Card
- Court Documents
- Naturalization/Citizenship Document

Retiree/Survivor or POA* Signature: _____

Effective Date: _____

*Must have Power of Attorney Documentation in member's file or submission with this form.

