

Niagara County Employee Marital Status and Name Change Form

Last Name: _____ First: _____ M.I.: _____

Social Security # (last four): _____ Department: _____

Name Change

Note: Employee is required to provide legal proof for name change: Marriage Certificate, Divorce Decree, Driver's License or other legal document accompanied by the updated social security card.

Last Name: _____ First: _____ M.I.: _____

Effective Date of Name Change: _____

Address Change (if applicable)

New Address:

Street: _____ City: _____ Zip: _____

Old Address:

Street: _____ City: _____ Zip: _____

Marital Status Change

____ Single ____ Married* ____ Divorced**

*If newly married, please provide a copy of the Marriage License and the full legal name of your spouse.

Spouse Last Name: _____ First: _____ M.I.: _____

Effective Date of Change: _____

**If divorced, please provide a copy of the Divorce Decree and note effective date: _____

Employee Certification: I hereby certify that the information submitted on this form is true and accurate.

Signed: _____ Date: _____