

*County of Galveston*

Name Change

Address Change

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female  Married  Single  Divorced

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home E-Mail \_\_\_\_\_

Dept Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Work E-Mail \_\_\_\_\_

Employee/Retiree Signature

Printed Employee/Retiree Name

Date

**\*\*Please do not use Nicknames, sign Full Legal Name\*\***

**HR USE ONLY:**

Effective Date for Change: \_\_\_\_\_

**Benefit Eligible** (Boon-Chapman, TCDRS, First Financial – G74855)

**Non-Benefit Eligible** (First Financial – B00297)

**Retiree**       **Working Retiree**

**Type of Change:**

**Address Change**

**Name Change**    Old Name: \_\_\_\_\_    Date of Event: \_\_\_\_\_

- **Make 2 Copies of Support Document; Marriage License, Divorce Decree, or Court Order for Name Change**  
- 1 Copy to Sandra Hernandez for I-9  
- 1 Copy to be attached with this form for Confidential file
- **Send employee to get new name badge**

HR Assistant

Date