

ROWAN COUNTY HUMAN RESOURCES
EMPLOYEE DEMOGRAPHIC CHANGE FORM

CHANGE OF NAME

Must attach copy of new Social Security card showing new name for change to be effective

DATE: ____/____/____

SOCIAL SECURITY # _____ - _____ - _____

EMPLOYEE NAME: _____

*CHANGE OF NAME FROM : _____

TO: _____

MAILING ADDRESS: _____

PHONE NUMBER: (_____) _____ - _____

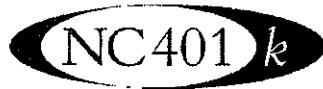
MARITAL STATUS: SINGLE MARRIED
(check one)
 DIVORCED LEGALLY SEPARATED
 WIDOWED

REMEMBER to complete and sign all necessary forms and return to Human Resources Office

HR Use Only: Please indicate changes made/notification sent to the following:

Payroll System
401k

Health Insurance
Dental Insurance



Instructions Please print using blue or black ink. Send completed form to the following address or fax it to (570) 340-4328. If faxing, please keep original for your records.

NC 401(k) Processing Center
PO Box 5340
Scranton, PA 18505

Questions?
Call 1-866-NC401K1
for assistance.

About You

area code

First name _____ MI _____ Last name _____

Name
Change

My name has been changed to the following:

First name _____ MI _____ Last name _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Reason: _____

example: marriage, divorce, court order, reported incorrectly, misspelled, etc.

We must receive one of the following documents to make a name change:

- Copy of the marriage certificate
- Copy of a court order or judgment indicating the name change
- Copy of Social Security card

X _____ Date _____
Your signature

Ed. 10/2003

Prudential Retirement