



STANISLAUS COUNTY
 EMPLOYEES' RETIREMENT ASSOCIATION
 832 12th Street, Suite 600 (95354)
 P.O. Box 3150
 Modesto, CA 95353-3150

Phone (209) 525-6393
 Fax (209) 558-4976
 www.stancera.org
 e-mail: retirement@stancera.org

CHANGE OF NAME FORM

PREVIOUS FULL NAME: _____

Employee ID **OR** Social Security Number _____

NEW NAME: _____

REASON FOR CHANGE:

(Please select a reason below for the name change request and provide a copy of the recommended documentation)

<u>REASON</u>	<u>RECOMMENDED DOCUMENTATION</u>
<input type="checkbox"/> MARRIAGE	Certificate of Marriage
<input type="checkbox"/> DOMESTIC REGISTERED PARTNERSHIP	Certificate of Registration
<input type="checkbox"/> DIVORCE	Dissolution of Marriage/Partnership in its entirety (i.e. Judgment & Marital Settlement Agreement)
<input type="checkbox"/> ADOPTION	Legal Adoption Documentation
<input type="checkbox"/> OTHER	_____

Please indicate reason for change and provide appropriate documentation

Attention Active Employees:

COUNTY EMPLOYEES must have a PERSONNEL ACTION FORM (PAF) completed by their payroll clerk at the same time a Change of Name form is submitted to Retirement. *Name changes can not be processed until the PAF is processed.*

DISTRICT EMPLOYEES must notify the Employer's department payroll clerk of a name change at the same time a Change of Name form is submitted to Retirement to ensure our records match the payroll records of the employee.

Please return this form directly to the retirement office.

For Retirement Staff Only:

Entered by: _____

Date: _____