NOTICE OF CHANGE IN VITAL STATISTICS

Complete form on-line and then hit the submit button at the bottom of the page.

Name: _____ **Date of Change:** _____

SSN: _____ **Employee No.:** _____

☐ Change of Name
☐ Change of Telephone No.
☐ Change of Address
☐ Addition/Deletion of Dependents
☐ Change of Marital Status

Change of Name, Telephone or Address Information <u>From</u>:

Last First Middle

Maiden

Address City State Zip Telephone No.

Change of Name, Telephone or Address Information <u>To</u>:

Last First Middle

Address City State Zip Telephone No.

Addition/Deletion of Dependents

Children:

Name Choose Choose DOB

Name Choose Choose DOB

Name Choose Choose DOB

Marriage – Adding a Spouse:

Date of Marriage Spouse's Name DOB SSN

Divorce:

Date of Marriage Spouse's Name DOB

Address City State Zip Telephone No.

Reset Fields Submit by Email

Item Descriptions

Change of Name, Telephone number or Address – This section should be filled out after a change in name, telephone number or address.

Addition/Deletion of Dependents – This section should be filled out when adding (i.e. birth, adoption) or deleting (i.e. death, dependent has reached a certain age) a dependent.

Marriage – This section should be filled out after marriage. A change in last name due to marriage should be added in the Change of Name, Telephone Number or Address section.

Divorce – This section should be filled out after a divorce.

Submit by Email - By pressing this button, the form will automatically be sent To Human Resources.

Reset Fields - By pressing this button, all fields will be reset for new input.