



PINAL COUNTY ADDRESS/NAME CHANGE FORM

SUBMIT COMPLETED FORM TO: PINAL COUNTY HUMAN RESOURCES
PO Box 1590
FLORENCE, AZ 85132
(520) 866-6231

EMPLOYEE NAME (PRINT): _____

EMPLOYEE ID NUMBER: _____

NAME CHANGE

DOCUMENTS REQUIRED FOR NAME CHANGE:

- COURT DOCUMENTS (I.E. DIVORCE DECREE, MARRIAGE LICENSE)
- SOCIAL SECURITY CARD
- STATE ID CARD OR DRIVERS LICENSE

CURRENT NAME ON FILE: _____

NEW NAME: _____

ADDRESS AND/OR PHONE NUMBER CHANGE

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE _____ ZIP _____

TELEPHONE (HOME): _____

TELEPHONE (CELL): _____

SIGNATURE: _____ DATE: _____

FOR HUMAN RESOURCES

VERIFIED DOCUMENTS: MARRIAGE LICENSE DIVORCE DECREE SOCIAL SECURITY CARD
 DRIVERS LICENSE STATE ID
 OTHER: _____

VERIFIED BY: _____ DATE: _____

TO BENEFITS