

Name Change Request

SDCERA is required by law to have your change of name in writing. In order to keep our files up to date, please complete the information below and return promptly.

Active members: Contact your department payroll representative for change of name.

MEMBER STATUS *Please check one.*

- Deferred member
- Retired member

REASON FOR CHANGE *Please check one.*

- Marriage/registration of domestic partnership
- Divorce/termination of registered domestic partnership
- Court order
- Other _____

Please include supporting documentation that clearly identifies the change of name when submitting this form. This includes a copy of a California driver's license, California identification card, Social Security card, certificate of marriage or registered domestic partnership, divorce decree, notice of termination of domestic partnership form, court order, or notarized statement explaining the name change.

GENERAL MEMBER INFORMATION

Previous name		
Current name		
Social Security number	Daytime telephone number	
Home address	Home telephone number	
City	State	ZIP

AUTHORIZATION

Member's signature **X**..... Date

Return this completed form to SDCERA at the address below.