

# INFORMATON CHANGE FORM

For use by City of Rockledge Employees

Use this form to report any changes in your personal information.

EMPLOYEE NAME: \_\_\_\_\_

*To report a change in residence address and/or phone number, enter the new information below.*

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (If difference from above): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*To report a change in marital status, check the appropriate box below:*

Married     Divorced     Widowed

Name of Spouse (if applicable): \_\_\_\_\_

*To report a change in your legal name\*, enter the new name below and indicate the reason for the change (marriage, divorce, court order, etc.):*

New Name: \_\_\_\_\_

Reason for Name Change: \_\_\_\_\_

*\* If your name has changed, you must get a new Social Security Card. Bring your new card to City Hall as soon as you receive it so that appropriate changes can be made to your records.*

*To report a change in emergency contact information, please use the Emergency Contact Form.*

*To report a change in beneficiary(ies), please use the appropriate form:*

For Life Insurance Death Benefits -- Life Insurance Form

For Retirement Benefits -- Designation of Retirement Beneficiary Form

Submit completed forms to the Human Resources Office at City Hall as soon as possible.

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_