

1190 SOUTH VICTORIA AVENUE, SUITE 200 VENTURA, CA 93003 PHONE: (805) 339-4250 FAX: (805) 339-4269

WWW.VCERA.ORG

CHANGE OF NAME FORM

SSN (last 4 digits)	SSN (last 4 digits) Employee ID Number (if applicate	
☐ Retired Member	☐ Deferred Member	
Previous Name:		
Last Name	First Name	MI
New Name:		
Last Name	First Name	MI
Reason for Name Change: (check applicable box(es) below and provide	e a copy of the requested legal do	ocumentation)
☐ Marriage (Marriage certificate)		
☐ Divorce (Judgment)		
☐ Legal Name Change (Court order that of	changed name)	
Contact Information:		
Address		
City	State	Zip
Home Phone	Cell Phone	
Signatures:		
Previous Signature	Date	
New Signature		