

## **CHANGE OF ADDRESS AND/OR NAME**

SOCIAL SECURITY # OR EMPLOYEE ID # \_\_\_\_\_

RETIREE NAME \_\_\_\_\_

### **ADDRESS CHANGE:**

NUMBER AND STREET \_\_\_\_\_ APT.# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (      ) \_\_\_\_\_

EMAIL \_\_\_\_\_

### **NAME CHANGE:**

**PREVIOUS NAME** \_\_\_\_\_

**NEW NAME** \_\_\_\_\_

(Must attach copy of Social Security card with new name,  
and copy of legal name change document, marriage cert, etc.)

**MARITAL STATUS:** \_\_\_\_\_  
(Single, Married, Divorced, Widowed)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SEND FORM TO:**  
**OAKLAND COUNTY – HUMAN RESOURCES**  
**RETIREMENT UNIT**  
**2100 PONTIAC LAKE RD**  
**WATERFORD MI 48328-0440**