

**City of Petaluma  
Human Resources  
CHANGE IN PERSONAL STATUS**

**A. Employee or Retiree Information**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Department: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Personal Email Address: \_\_\_\_\_

**B. Address Change**

*Effective Date:* \_\_\_\_\_

New Address \_\_\_\_\_ Resident or Mailing (circle one)  
\_\_\_\_\_  
Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**C. Name Change**

*Effective Date:* \_\_\_\_\_

New Name \_\_\_\_\_ Former Name \_\_\_\_\_  
\_\_\_\_\_  
(last, first, middle initial) (last, first, middle initial)

**D. Qualified Change in Status**

*Effective Date:* \_\_\_\_\_

**Marital Status Change**       Married     Divorced     Widowed     Domestic Partner  
Name of Spouse or Domestic Partner: \_\_\_\_\_  
**Dependent's Status Change**  
Child's Name: \_\_\_\_\_     Child attained age 26     Child Married     Child no longer dependent     Add Newborn Child

**E. Authorization**

To the best of my knowledge, the information that I have provided on this form is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date