



NAME CHANGE

Marin County Employees' Retirement Association
One McInnis Parkway, Suite 100, San Rafael, CA 94903-2764
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SECTION 1: MEMBER NAME		
FORMER NAME		
FIRST	MIDDLE	LAST
CURRENT NAME		
FIRST	MIDDLE	LAST

SECTION 2: CONTACT INFORMATION			
STREET ADDRESS			SOCIAL SECURITY NUMBER
CITY	STATE	ZIP CODE	PHONE NUMBER
EMAIL ADDRESS			

SECTION 3: REASON FOR CHANGE	
<p>Please check one:</p> <p><input type="checkbox"/> Marriage or registration of domestic partnership</p> <p><input type="checkbox"/> Divorce or dissolution of registered domestic partnership</p> <p><input type="checkbox"/> Court order</p> <p><input type="checkbox"/> Other _____</p>	<p>Please include supporting documentation with this form that clearly identifies the change of name. This includes a 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.</p>

SECTION 4: SIGNATURE	
MEMBER SIGNATURE	DATE

Your original signature is required. MCCERA cannot accept forms submitted electronically or by fax.