

# Jefferson County

## Name and/or Address Change Form



☐ **New Name**

**\* Must provide supporting documentation.**

**(Drivers License, Social Security Card or Marriage License)**

|                       |                          |
|-----------------------|--------------------------|
| <b>Employee Name:</b> | <b>Social Security #</b> |
| <b>Former Name:</b>   |                          |

☐ **New Address**

|                                      |                          |                    |
|--------------------------------------|--------------------------|--------------------|
| <b>Name</b>                          | <b>Social Security #</b> |                    |
| <b>Address (Number &amp; Street)</b> | <b>P.O. Box</b>          | <b>Apt./Ste. #</b> |
| <b>City</b>                          | <b>State</b>             | <b>Zip Code</b>    |
| <b>Home Phone #</b>                  | <b>Work Phone #</b>      |                    |

**\* Request for name and/or address change must accompany a Form W-4.**

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|

**Return to:**  
**Jefferson County**  
**Risk Management Department**  
**215 Franklin St., Suite 202**  
**Beaumont, TX 77701**  
**Phone (409) 835-8672    Fax (409)835-8634**

|                                 |   |
|---------------------------------|---|
| <b>Risk Management Use Only</b> | <b>White Copy . . . . . TCDRS #222</b> <input type="checkbox"/>     |
|                                 | <b>Yellow Copy . . . . . Payroll</b> <input type="checkbox"/>       |
|                                 | <b>Pink Copy . . . . . Risk Management</b> <input type="checkbox"/> |