



## Name Change Request Form

Please print clearly

Participant Name \_\_\_\_\_ WRXA \_\_\_\_\_  
ID number \_\_\_\_\_

This name change is requested for \_\_\_\_\_

Participant
  Spouse/Ex-spouse
  Dependent Child

NAME CHANGE STATUS (MARK ONE BOX ONLY)	ATTACH DOCUMENTS LISTED BELOW
<input type="checkbox"/> LEGAL NAME CHANGE – PARTICIPANT	Include a legal document from the court of record or copy of Certified Marriage Certificate
<input type="checkbox"/> NAME CORRECTION – PARTICIPANT	Copy of Driver’s License, Birth Certificate or Passport
<input type="checkbox"/> LEGAL NAME CHANGE – DEPENDENT	SPOUSE-Copy of Marriage Certificate or court document CHILD-Legal document from the court of record ADOPTED CHILD-Copy of adoption/placement documents
<input type="checkbox"/> NAME CORRECTION – DEPENDENT	Copy of Driver’s License, Birth Certificate or Passport
<input type="checkbox"/> DIVORCE OR ANNULMENT	Copy of Final divorce documents  Ex-spouse’s new address ( for COBRA notification)  _____ Address  _____ Address  _____ City <span style="float: right;">State      Zip Code</span>
_____ Signature	_____ Date