mcera
Marin County Employees' Retirement Association
One McInnis Parkway, First Floor, San Rafael, CA 94903 • Phone: (415) 473-6147 • Fax: (415) 473-3612 • www.mcera.org

NAME CHANGE

I hereby request that the Marin County Employees' Retirement Association change their records to reflect the following legal change in my name:

(PLEASE PRINT)

SSN: _____ EMPLOYEE ID NO.: _____

FORMER NAME:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: _____

_____ _____ _____
FIRST MIDDLE LAST

NEW NAME:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: _____

_____ _____ _____
FIRST MIDDLE LAST

SIGNATURE: _____ DATE: _____

NOTARIZATION REQUIRED

STATE OF CALIFORNIA)
) ss.
COUNTY OF _____)

On _____ before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____
SIGNATURE OF NOTARY PUBLIC

AFFIX NOTARY SEAL IN THIS SPACE