

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

NAME CHANGE REQUEST

Active Employee **DROP Employee** **Former Employee** **Retiree**

**Previous
Name:** _____

(Please Print)

New Name: _____

(Please Print)

Employees requesting a name change must submit this form to Human Resources and Labor Relations along with official documentation to support the name change. Requests received without supporting documentation will not be processed.

Documentation Attached (one document from List A and two documents from List B):

List A

- Marriage License
- Divorce Decree (with name change)
- Court Order

List B

- Michigan Driver's License (with name change)
- Michigan State I.D. (with name change)
- U.S. Social Security Card (with name change)

Signature: _____

Date: _____

Department: _____

Employee ID #: _____