



Personal Information Change Form

Please print • See attached guide for details • Retain a copy for your records

1. Update your information

Enter all information requested below. If any of it is different than what The City of Escanaba currently has on record, we will update it to what you provide us here.

Last name*	First name*	MI	Social Security Number*
Mailing address*		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)*
City*	State*	Zip code*	Daytime contact phone (area code and number)
Email address			Alternate phone (area code and number)
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Spouse first name	Spouse last name	
Spouse Social Security Number		Spouse date of birth (mm/dd/yyyy)	

2. Use this section ONLY for name change

Name change: Indicate reason for name change below and include appropriate certification

- Marriage** - Include copy of marriage certificate (remember to update your Beneficiary Form)
- Divorce** - Include a complete copy of judgment of divorce (remember to update your Beneficiary Form)
- Other** - Include copy of legal documentation of name change

New name	Previous name on record
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3. Signature

Participant signature*	Date (mm/dd/yyyy)*
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* Required field

Please mail completed form to:

City of Escanaba
Controller's Office
 PO Box 948
 410 Ludington St
 Escanaba, MI 49829-0948