

# Employee Name Change

*Please complete this form. Attach appropriate documents to the back of this form. Once you have completed the form you will need to return this form to the address listed **3625 SW Street Suit 202, Topeka KS 66614,**  
**or you may fax to: 785-273-3816.***

Employees Current Name: \_\_\_\_\_  
Last Name, First Name, MI

Employees Last Four of Social Security Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
Last Name, First Name, MI

Change Name to: \_\_\_\_\_  
Last Name, First Name, MI

**Fill in the CIRCLE that applies to you and provide the correct documentation.**

- ☐ Correct error in spelling
  - ☐ Birth Certificate, State ID, US Military ID, Passport, U.S. Resident Alien Card
- ☐ Change due to marriage
  - ☐ Marriage Certificate
- ☐ Change due to divorce
  - ☐ Divorce Decree
- ☐ Legal Change of Name
  - ☐ Court petition for Name Change, U.S. Naturalization Certificate.

Employees Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name, First Name, MI (MM/DD/YY)

