

CHANGE OF NAME FORM COURT REPORTING SERVICES

Employee's name (exactly as listed on your social security card):

Former name:

Upon receipt of this form, you will be sent forms additional form to change information for payroll and insurance purposes. If this name change is due to a change in marital status, please check any additional forms you need:

- Dependent enrollment or termination of insurance coverage
- Life insurance beneficiary form
- Retirement beneficiary form
- Deferred compensation beneficiary form

Effective date of name change: _____

Employee Signature

NOTE: If an address change is also necessary, please complete a certification of residence and mailing address form in addition to this form.

This form should be submitted to your Chief Judge's office with a copy faxed to Court Reporting Services at (217) 557-0267.