

**CHANGE OF ADDRESS AND/OR NAME**

SOCIAL SECURITY # OR EMPLOYEE ID # \_\_\_\_\_

RETIREE NAME \_\_\_\_\_

**ADDRESS CHANGE:**

NUMBER AND STREET \_\_\_\_\_ APT.# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**NAME CHANGE:**

PREVIOUS NAME \_\_\_\_\_

NEW NAME \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_

(Single, Married, Divorced, Widowed)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SEND FUTURE ADDRESS CHANGES TO:**

**OAKLAND COUNTY – HUMAN RESOURCES DEPT 440  
RETIREMENT UNIT - ATTN: DAWN WESTLUND  
1200 N TELEGRAPH RD  
PONTIAC MI 48341-0440**