GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

VINCENT C. GRAY
MAYOR

F. THOMAS LUPARELLO
INTERIM DIRECTOR

CHANGE OF PERSONAL DATA

SOCIAL SECURITY NUMBER:

NAME CLAIM FILED UNDER (Last, First, M.I.):

_____

Last **First** **M.I.**

NEW ADDRESS (No P.O. Boxes)

STREET: _____ **APT #**_____

CITY: _____ **STATE:** _____ **ZIP**_____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

***IF CHANGING NAME**, please provide proof of name change document (copy Marriage License, Divorce decree, etc).

***NEW NAME (Last, First, M.I.)**

_____

Last **First** **M.I.**

_____ _____

CLAIMANT'S SIGNATURE **DATE (mm/dd/yyyy)**

For office use only:
Date Received_____ /Date Entered_____ /Staff Initials_____

01/2014