



Name Change Affidavit

This application is for members who wish to change their name that NYCERS has on file. It is important to provide proof of name change, such as a court order, a copy of a marriage certificate or divorce papers, in order for your application to be processed. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Daytime Phone
				()

First Name	M.I.	Last Name

in Care of (if applicable)

Address	Apt. Number

City	State	Zip Code

To NYCERS

I, the undersigned, am employed in the Department of _____ or retired from service on [MM/DD/YYYY]

/ /

I request that my name be changed on NYCERS records from:

First Name	M.I.	Last Name

TO

First Name	M.I.	Last Name

Signature of Member	Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Sign this form and have it notarized, THIS PAGE