



## Legal Name Change Form

**Current Name**  
(Please Print)

Last

First

M.I.

**Former Name**  
(Please Print)

Last

First

M.I.

**USNH ID# or last 4 digits of SSN**

**Effective Date**

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Reason for change (Please check one)

**Legal Name Change**

*Note: Copy of Court Document authorizing name change must be attached.*

**Change in Marital Status**

*Note: Copy of Marriage Certificate/ Divorce Decree must be attached.*

**Employee Signature**

**Contact Phone**

*Note: HR Office will send a copy to USNH Benefits Office for vendor processing.*