



# CITY OF FAIRFIELD

## QLE – Name Change (for Self or Dependent)

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Emp ID#: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Use this form to request a change to your legal name **or the legal name of a dependent**. You must submit **legal documentation** verifying the name change along with this form. For employee name changes, an updated Social Security Card is required. For dependent name changes, you may provide a marriage certificate, court order, or social security card.

Effective Date of Name Change: \_\_\_\_\_

Previous Legal Name	Name change is for:	
	Self	Dependent

First	Middle	Last	Suffix (if any)
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### New Legal Name

First	Middle	Last	Suffix (if any)
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### \*\*Important – Required Follow-Up Documents for Name Changes\*\*

If you are requesting a name change for yourself, please ensure the following documents/tasks are completed and submitted (as applicable):

- Personal Data Sheet
- CalPERS Lump Sum Beneficiary Form
- PARS Designation of Beneficiary (for part-time employees only)
- Designation of Warrants
- Deferred Compensation Beneficiary

If you are requesting a name change for a dependent, the following documents may also need to be updated if the dependent is listed as a beneficiary or recipient of payment:

- Designation of Warrants – If dependent is listed to receive payment upon death
- Any Applicable Beneficiary Forms: CalPERS Lump Sum Beneficiary, Deferred Compensation Beneficiary, PARS Designation of Beneficiary (if employee is part-time)

Please submit this form along with proof of name change to [benefits@fairfield.ca.gov](mailto:benefits@fairfield.ca.gov). You may also contact us if you have any questions.