



District Attorneys' Retirement System

PERSONAL HISTORY UPDATE

DARS must receive the following as soon as possible: Social Security cards for member and spouse; marriage license; all divorce decree(s); and any community property settlement(s)

Please submit copy of Driver's License with all change requests

SECTION 1: MEMBER INFORMATION

CHANGE OF ADDRESS

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening or Cell Phone Number		Member's Birth Date	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
E-mail Address				
<input type="text"/>				

SECTION 2: ADDRESS CHANGE

NEW Home Mailing Address *Please submit copy of Driver's License with all change requests

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: CHANGE OF NAME

Name Changed FROM	Name Changed TO
<input type="text"/>	<input type="text"/>

I hereby request that my name be changed, and I have attached a copy of my Social Security card showing the correct name.

PLEASE SUBMIT DOCUMENTATION OF NAME CHANGE

SECTION 4: MEMBER SIGNATURE

Member's Signature	Date
<input type="text"/>	<input type="text"/>

****MAIL, EMAIL, OR FAX COMPLETED FORM TO DARS****

****DARS MAY CONTACT YOU TO VERIFY CHANGES****