

MOBILE COUNTY PERSONNEL BOARD CHANGE REQUEST FORM

A name change requires that a copy of your ***new*** social security card be submitted to the Mobile County Personnel Board with a written request which includes your signature.

Mail this form to P.O. Box 66794, Mobile, AL 36660-1794, or fax to 251 470-1708.

1. **Social Security Number:** _____

2. **Name on Records:** _____

3. **New Name:** _____

4. **New Phone Number:** (_____) _____

5. **New Address:** _____
Street

City

State

Zip

6. **Application on File For:** _____
(Job Class Title)

7. **Jurisdiction/Department in which Employed (Merit System Employer):**

APPLICANT / EMPLOYEE SIGNATURE REQUIRED

DATE SUBMITTED

MCPB Office Use Only:

Code

Date Processed

Initials
