

County of Gloucester
Human Resources Manual

CHAPTER:	9 – GENERAL RULES AND REGULATIONS	ADOPTED: 3/7/06
SECTION:	3 - VITAL INFORMATION	REVISED: 5/22/24

NOTICE OF VITAL INFORMATION CHANGE
(NAME, ADDRESS, EMAIL, PHONE NUMBER AND/OR EMERGENCY CONTACT)

Department: _____ Social Security #: _____

Name: _____ New Name*: _____

New Email Address: _____
(This is the email address used for your direct deposit)

Reason: _____ Marriage/Civil Union _____ Divorce/Dissolution of Civil Union
_____ Legal Name Change _____ Other: _____

PLEASE NOTE: Name changes require a copy of a social security card reflecting the change.

New Address: _____
(Street or P.O. Box)

(City, State, Zip)

New Phone Number (Home): _____

New Phone Number (Cell): _____

Emergency Contacts – Please name two

(Name) _____ (Name)

(Relationship) _____ (Relationship)

(Home Phone Number) _____ (Home Phone Number)

(Cell Phone Number) _____ (Cell Phone Number)

SIGNATURE: _____ **DATE:** _____

Please return this form to your payroll clerk who will in turn forward to Human Resources. Thank you.