



District of Columbia Retirement Board (DCRB)
Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

Change of Name

A copy of the legal document establishing the name change must accompany this form for processing to occur (i.e. divorce decree, marriage license, passport, Social Security card).

Section I: Change of Name

I request that my name be changed as follows:

Name Changed From (please print): \_\_\_\_\_
First Middle Last

Name Changed To (please print): \_\_\_\_\_
First Middle Last

Reason for Name Change: [ ] Marriage [ ] Divorce [ ] Legal Name Change [ ] Other\*

\*If you selected "Other", please specify the reason: \_\_\_\_\_

Section II: Member/Annuitant Certification

I hereby request that my name be changed as indicated above. By signing this document, I submit that the information provided above is accurate.

Member/Annuitant Signature

Date

Member/Annuitant Printed Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please return this form to DCRB at the address listed above.
If you return this form via fax, please submit the original signed form to DCRB.

