



Wayne County Employees' Retirement System

Name Change Form

Please provide all legal documents supporting the name change (marriage license, divorce decree, etc).

Old Name:		
Social Security Number:	Retirement/Employee Number:	
Address:		
City:	State:	Zip Code:
Telephone Number:		
New Name:		

Signature: _____

Date: _____

Please return completed form to the following address:

Wayne County Employees' Retirement System
28 West Adams, Suite 1900
Detroit, MI 48226