



# GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

3438 Kronprindsens Gade, GERS Complex - STE 1, St. Thomas, VI 00802-5750 • (340) 776-7703 • Fax (340) 776-4499  
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## REQUEST FOR CHANGE OF NAME

**PLEASE PRINT**

ACTIVE

DATE \_\_\_\_-\_\_\_\_-\_\_\_\_  
(mm) (dd) (yyyy)

RETIRED

NAME: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

DATE OF BIRTH \_\_\_\_-\_\_\_\_-\_\_\_\_  
(mm) (dd) (yyyy)

TELEPHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OLD NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

**REASON FOR NAME CHANGE:**

Change in Marital Status  
(Please provide marriage  
certificate or divorce decree)

Court Order  
(Please provide  
court order)

Religion

Other (Please specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Retiree / Active Employee