

**Human Resources  
DATA CHANGE FORM**

Document # \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**CHANGE ADDRESS/PHONE NUMBER**

From: \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

**RESIDENT TAXING JURISDICTION CHANGE:**

\_\_\_\_\_

---

---

**IF CHANGING MARITAL STATUS PLEASE CHECK NEW STATUS:**

Married

(Spousal information)

Name \_\_\_\_\_

Single

SS# \_\_\_\_\_

Divorced

Date of Birth \_\_\_\_\_

Dependents ( if adding)

Name \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature