|  |
| --- |
| **REQUEST FOR CHANGE OF NAME** |
|  |
| In accordance with the provisions of Act 454 of the 1949 General Assembly I, |
|  |
|       | a member of the Arkansas State Highway |
|  |
| Employees’ Retirement System and enrolled under Social Security # |       |
|  |
| hereby authorize and request that my name which is entered as |       |
|  |
| on the records of the System be changed to |       | which is |
|  |
| now my legal name and which name now corresponds to my legal signature. |
|  |
| Respectfully authorized and requested |
|  |
|  |
| (Date) | (Member) |
|  |  |
|  |  |
|  |
| (Number and Street Address) |
|  |  |
|  |
| (City) | (State) | (Zip Code) |
|  |
|  |
| (E-mail) | (Phone) |
|  |
| ***FORM MUST BE NOTARIZED BELOW*** |  |  |
|  |  |
| State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Subscribed and sworn to before me on this | \_\_\_\_\_\_\_\_\_ day of |  | , |  | . |
|  |  |
|  |  |  | Notary Public |  |  |
|  | (SEAL) |  |
|  |   |  | My commission expires |  |
|  |  |
|  |  | *Member’s Signature* |  |
|  |  |  |  | ***(to be signed in front of notary)*** |
|  |
| (This form must be filed with the ASHERS office if your name is changed by marriage or other legal process.) |