

City of Waterbury Employee Personal Data Change Form



Reason for Change: (Required) Marriage (Date:	nber Change
Employee Name:	
Current Status: Active Retired (Date Re	tired)
Name Information	Emergency Contact Information
First Name:	Name:
Middle Initial:	Relationship:
Last Name:	Address :
Maiden Name:	City:
Prefix: Mr. Mrs. Ms. Other	State: Zip:
Nick Name:	Home Number: ()Preferred
Note: Please provide Anthem number if your benefits need to be changed:	Cell Number: ()Preferred
Please note that Name change requests require a copy of the legal	Work Number: ()Preferred
documents verifying your name change. Acceptable forms of documentation include: marriage license, divorce decree or court order as well as an updated Social Security Card.	Biographical Information
Address Information	Birth Date:
PERMANENT STREET ADDRESS (Required – No PO Boxes please):	Gender:
Address 1:	Ethnicity:
Address 2:	☐ Native Hawaiian or Other Pacific
City:	lslander ☐ Asian
State:Zip:	☐ American Indian or Alaska Native ☐ Two or More Races
Home Number: (☐ Hispanic or Latino
Cell Number: ()	
E-Mail Address:	Marital Status:
Preferred Mailing Address (if different than permanent street address. List PO Box Info here):	☐ Married☐ Divorced☐ Separated
Address 1:	☐ Domestic Partner ☐ Widow/Widower
Address 2:	Civil Union
City:	
State:Zip:	
Employee Signature:	Date: