

# NJASCS

## DEMOGRAPHIC CHANGE FORM

**Employee:** \_\_\_\_\_  
First Name MI Last Name

**Today's date:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

### TYPE OF CHANGE ACTIVITY

**New First/Last Name:** \_\_\_\_\_

**New address/Phone:** \_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip Code)  
\_\_\_\_\_  
( Home Telephone with Area Code)

**Marriage:** **Date of Marriage:** \_\_\_\_\_

**Former/Maiden Name:** \_\_\_\_\_

**Divorce - Separation:** **Death Date of Event:** \_\_\_\_\_

**Deleted Person:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_