

1. Information about you

Last name	First name	MI	Account ID or SSN
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2. Name change

Last name	First name	MI
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Attach copy of marriage certificate or entire divorce decree

3. Personal information correction

Date of Birth

 / /
 Month Day Year

Married
 Unmarried

Social Security Number

Attach copy of birth certificate

Attach copy of Social Security card and driver's license or photo identification

4. Address and phone number change

Current Address

Street address			
City		State	Zip code
Home phone		Alternate phone	

5. Your signature

I hereby certify the information that I have provided on this form is true and correct to the best of my knowledge and belief.

Data collected on this form will be used by MSRS staff for identification and documentation. The individual's Social Security number, birth date and address are classified as private and will not be shared with an unauthorized person without written consent.

Participant Signature _____ Date (Required) _____
 Month Day Year

60 Empire Drive | Suite 300 | St. Paul, MN 55103-3000
 Telephone: 651-296-2761 | Toll-free: 1-800-657-5757 | Fax: 1-888-998-8957
www.msrs.state.mn.us

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1-800-627-3529, and ask to be connected to MSRS at 651-296-2761