

**DEPARTMENT OF COMMERCE**  
***DIVISION OF HUMAN RESOURCES***

**CHANGE YOUR NAME**

**NEW** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**PRIOR** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

BEACON/Personnel #: \_\_\_\_\_

Marital Status:  Single  Married  Widow  Divorced  Separated

**ALONG WITH THIS FORM, YOU MUST PROVIDE DOCUMENTED PROOF OF THE NAME CHANGE, WHICH MAY BE A COPY OF THE FOLLOWING:**

A valid NC Driver's License showing the new name;

A Social Security Card showing the new name or other document from Social Security and

A marriage certificate issued by a governmental agency

A divorce decree which includes the name change

Document proof from the courts of the Register of Deeds establishing that the name change was officially accomplished.

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

**Address Changes (Permanent and Emergency Contact) If you have a change in address please go to BEACON/ESS to make the changes online. <https://mybeacon.its.state.nc.us>**

**\*\*\* REMINDER \*\*\***

You must also change the NAME AND ADDRESS on:

SEANC

Supplemental Insurance.....Colonial/AFLAC/Conseco/Prepaid Legal, etc

And any other miscellaneous deductions