NAME/ADDRESS CHANGE FORM

Complete and Return this Form to the Personnel Office

Pasquotank County Personnel Office
PO Box 529
Elizabeth City, NC 27907

Type of Change

- ☐ **Name Change**
- ☐ **Address Change**

Please Complete the Following for Identification Purposes

Social Security # ☐☐☐ - ☐☐ - ☐☐☐☐

Today's Date ☐☐ - ☐☐ - ☐☐☐☐

Signature: _____

Name Change (only)

From Last Name

To Last Name

First Name

Address Change (only)

Last Name

First Name

Middle Name

Street Address

PO Box #

Apt #

City

State

Zip Code ☐☐☐☐☐ - ☐☐☐☐

County