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| **REQUEST FOR CHANGE OF NAME** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| In accordance with the provisions of Act 454 of the 1949 General Assembly I, | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | a member of the Arkansas State Highway | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Employees’ Retirement System and enrolled under Social Security # | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| hereby authorize and request that my name which is entered as | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| on the records of the System be changed to | | | | | | | | | |  | | | | | | | | | | | which is | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| now my legal name and which name now corresponds to my legal signature. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Respectfully authorized and requested | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | |
| (Date) | | | | | | | (Member) | | | | | | | | | | | | | | | | | |
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| (Number and Street Address) | | | | | | | | | | | | | | | | | | | | | | | | |
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| (City) | | | | | | | | | (State) | | | | | | | (Zip Code) | | | | | | | | |
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| (E-mail) | | | | | | | | (Phone) | | | | | | | | | | | | | | | | |
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| ***FORM MUST BE NOTARIZED BELOW*** | | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Subscribed and sworn to before me on this | | | | | \_\_\_\_\_\_\_\_\_ day of | | | | | | |  | | | | | | | , |  | | | . |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | |  | | Notary Public | | | | | |  | | | | | | | | | |  | | | |
|  | | | (SEAL) | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | |  | | My commission expires | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | *Member’s Signature* | | | | | | |  | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | |  | ***(to be signed in front of notary)*** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| (This form must be filed with the ASHERS office if your name is changed by marriage or other legal process.) | | | | | | | | | | | | | | | | | | | | | | | | | |