



City of Waterbury

Employee Personal Data Change Form



Reason for Change:
(Required)

- Marriage (Date: _____)
- Divorce (Date: _____)
- Address Change / Phone Number Change
- Name Change
- Emergency Contact Information Change

Effective Date:

Employee Name: _____ SSN (Last 5 digits) __ - ____ - ____

Current Status: Active Retired (Date Retired _____) Former Employee

Name Change Information

First Name: _____

Middle Initial: _____

Last Name: _____

Maiden Name: _____

Prefix: Mr. Mrs. Ms. Other _____

Nick Name: _____

Note: Please provide Anthem number if your benefits need to be changed: _____

Emergency Contact Information

Name: _____

Relationship: _____

Address : _____

City: _____

State: _____ Zip: _____

Home Number: (____) _____ Preferred

Cell Number: (____) _____ Preferred

Work Number: (____) _____ Preferred

Address Information

PERMANENT STREET ADDRESS (Required – No PO Boxes please):

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Home Number: (____) _____

Cell Number: (____) _____

E-Mail Address: _____

Preferred Mailing Address (if different than permanent street address. List PO Box Info here):

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Biographical Information

Birth Date: _____

Gender: Male Female

- Ethnicity:
- White
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - American Indian or Alaska Native
 - Two or More Races
 - Hispanic or Latino

Marital Status:

- Married Divorced
- Single Separated
- Domestic Partner Widow/Widower
- Civil Union

Employee Signature: _____

Date: _____