



## District of Columbia Retirement Board (DCRB)

### Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001  
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001  
www.dcrb.dc.gov

## Name Change Notification

A copy of the legal document supporting the name change must be submitted with this form.  
(i.e. divorce decree, marriage license, passport, Social Security card).

### Section I: DCRB Plan Participant Name Information

Plan Member ID: \_\_\_\_\_ Retired:  Police Officer  Firefighter  Teacher

Name on File \_\_\_\_\_  
*First Middle Last*

New Name \_\_\_\_\_  
*First Middle Last*

Reason for Name Change:  Marriage  Divorce  Legal Name Change  Other\*

\*If you selected "Other", state the reason for the Name Change: \_\_\_\_\_

### Section II: DCRB Plan Participant Contact Information

Address:

\_\_\_\_\_  
*Street City State Zip Code*

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Section III: DCRB Plan Participant Certification

*By signing this document, I am requesting my Name on File be changed to the New Name as indicated above and I am certifying that the information provided on this form is accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

The original signed form must be returned to DCRB at the address listed above.