

## City of Pevely Change of Name Form Please print clearly and legibly

Date Notified:	Но	w Notifi	ed (circle c	ne): Phone	In Person	Other
Address:	Account Number:					
Name:	Phone Number:					
Reason for Change: _						
N	New Information – I	Ocument	tation MUS	ST be provid	ed	
	Please (circle one	e): Add	Remove	Change		
If adding or changi	ng, all the informati license wi		must be c	-	copy of the	driver's
Name:	Phone Number:					
Driver's License Nun	ıber:		State	:	Exp:	
Date of Birth:	Social Security Number:					
documentation in the for	are authorizing the Cir om of a marriage certific to the presented and copi documentation may	cate, death	certificate, s ime of the re	ocial security quest. Failure	card, or other	government
_	Resident Signa	ature		Date	_	
Office Use Only						
Driver's License copy made	de by: Inform	nation updat	ed on:	F	By:	