



Name Change Request

Previous Name

First Name:

Middle Initial:

Last Name:

Current Name

First Name:

Middle Initial:

Last Name:

Supporting Documentation

- Social Security Card
- Adoption Decree
- Court Order
- Other: _____

Employee Acknowledgement

Your name will be changed in the official records and documentation with Madison County Commission to the "Preferred Name" as listed above. Upon signing this form, you will receive a new Madison County badge and will be required to return your previous badge with the previous name

Full Legal Name:

Signature:

Date:

For HR Use Only

Received By:

Received Date:

Processed Date: