

Georgia Department of Human Services
NAME CHANGE FORM ONLY!!!

Please check one:

☐ 127 Employee

OR

☐ 427 Employee

Old Name

New Name

NOTE: Please attach a copy of either of the following documents supporting the change in name:

- (1) Social Security card **OR**
- (2) Driver's License **OR**
- (3) Marriage License **OR**
- (4) Divorce Decree

Employee's EID or SSN

PLEASE FORWARD

Your name change form and its supporting documentation to:

GA DHS/OHRMD – O&B
2 Peachtree Street, NW
28-434
Atlanta, Georgia 30303