

Registrars of Voters Employees' Retirement System

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Member Personal Information Change Form

Section 1 – Personal Information				
Member's Name (Last, First, MI, Suffix):			Social Security Number:	
Section 2 – Change of Marital Status				
Marital Status Change to (Check one):				
<input type="checkbox"/>	Legally Married – Please fill out spouse's personal information below and attach a copy of marriage certificate.		Date of Marriage: (MM/DD/YYYY)	
	Spouse's Name: Last, First, MI, Suffix	Spouse: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse's Social Security Number:	Date of Birth: (MM/DD/YYYY)
<input type="checkbox"/>	Divorced – attach a copy of judgment of divorce		Date of Judgment of Divorce: (MM/DD/YYYY)	
<input type="checkbox"/>	Widowed – attach a copy of death certificate		Date of Spouse's Death: (MM/DD/YYYY)	
Section 3 – Request for Change of Name				
Reason for Name Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order– attach a copy				
Name (Last, First, MI, Suffix) From:			Name (Last, First, MI, Suffix) To:	
Section 4 – Request for Change of Address				
New Residential Street Address:		City:	State:	Zip Code:
Use as Mailing Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Mailing Street Address/ P.O. Box:	City:	State:	Zip Code:
Section 5 – Request for Change of Phone Number/ E-mail Address:				
New Email Address:		New Cell Phone Number:	New Work Phone Number:	
Section 6 – Member and Employer Signatures				
By signing this document, I hereby acknowledge that the foregoing statements are true to the best of my knowledge and belief.				
		▶ _____ Member's Signature (to be witnessed by Registrar*)		_____ Date
Reviewed and certified correct to the best of my knowledge and belief and witnessed signature of applicant.				
_____ Printed Name of Registrar*		▶ _____ Signature of Registrar*		_____ Date
For Retirement Office Use Only		Entered in IPAS by: _____		Date: _____

* If the applicant is the Registrar, this section should be completed by the Chief Deputy.