



Superior Court of Arizona
Pinal County
Court Human Resources

ADDRESS CHANGE /NAME CHANGE

Employee Name (Print): _____

Employee ID Number: _____

Name Change

Documents Required for Name Change:

- Court Documents (I.E. Divorce Decreed, Marriage License)
- Social Security Card
- State ID or Driver's License

Current Name on File: _____

New Name: _____

Address and/or Phone Number Change

Street Address: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone (Home): _____

Phone (Cell): _____

Signature: _____ Date: _____

Submit Completed Form to: Pinal County Human Resources
P.O. Box 1590 Florence, AZ 85132

For County Human Resources:

Verified Documents: Marriage License Divorce Decree Social Security Card
 Driver's License State ID
 Other: _____

Verified By: _____ Date: _____

To Benefits