COMMONWEALTH of VIRGINIA

Virginia Employment Commission

REQUEST FOR NAME CHANGE

On the line below, print claimant's name as it currently appears on the claim.

_____/_____/_____

Last Name First Name MI

On the line below, print claimant's name as it should appear on the claim.

_____/_____/_____

Last Name First Name MI

IMPORTANT: Request for name change must be accompanied by copies of appropriate documentation, such as marriage certificate, divorce decree, court order, etc.

_____

Claimant Signature Date

Staff Use Only

VEC ID #: _____

Claimant SSN: _____

Claimant signature affixed above or on attached documentation and request is dated: YES __

Documentation Attached: Yes __

Date forwarded to BPCU: _____