



KPERS-40NC Rev. 6/11

NAME CHANGE AFFIDAVIT

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State of _____)
) S S
County of _____)

I, (affiant’s name) _____, upon being duly sworn deposes and states under the pain and penalties of perjury:

- 1. That affiant is a resident of the State of _____ and that his/her official address is _____.
- 2. That affiant further deposes and states that he/she has personally known and been acquainted with (member’s name) _____, XXX-XX-____ (last four digits of Social Security number) for _____ years and his/her relationship to the above-named member is _____.
- 3. That affiant knows of his/her own personal knowledge that _____ and _____ are one and the same person.

Further affiant saith not.

Signature of Affiant: _____ Month/Day/Year: ____/____/____

Affiant’s Name (please print): _____