



**City of Miami Beach**, 1700 Convention Center Drive, Miami Beach, Florida 33139, [www.miamibeachfl.gov](http://www.miamibeachfl.gov)  
Human Resources Department, Benefits Division  
Tel: (305)673-7524

## NAME CHANGE FORM

Please fill out the blank fields below and attach two official documents of name change. Return this document to Human Resources once complete.

### Previous Name

\_\_\_\_\_

**First Name**

**Middle Name**

**Last Name**

### Current Name

\_\_\_\_\_

**First Name**

**Middle Name**

**Last Name**

\_\_\_\_\_

**Employee's Signature**

**Date**