

**CITY OF CANTON
PERSONAL INFORMATION CHANGE FORM**

(NAME, ADDRESS, TELEPHONE NUMBER, MARITAL STATUS, EMERGENCY CONTACT)

SSN _____ NAME _____ FORMER NAME _____

ON _____, I moved from _____
(Date) *(Former Address)*

to _____
(New Home Address) *(City, County, State & Zip Code)*

Telephone Number _____ () Listed () Unlisted () Cell

Mailing Address (if different from above address) _____

Are you a Resident of the City of Canton? () Yes () No Marital Status _____
(Single/Married)

I certify that the foregoing information is true.

Employee's Signature _____ Date: _____

EMERGENCY CONTACT CHANGE

Name _____
(First) *(Middle Initial)* *(Last)*

Address _____
(Number) *(Street)* *(City, State, Zip Code)*

Primary Phone # _____ Alternate Phone # _____

Relationship to employee _____

HR: Date Entered _____ By: _____ Auditor's Office: Audited By _____ Date _____