



## Personal Information Update/Name Change

Please PRINT all information completely and legibly

Please check all that apply:  Personal Information Update  Name Change

Full Legal Name: \_\_\_\_\_  
Last First Middle

**This section for name change only**

Previous Legal Name \_\_\_\_\_  
Last First Middle

New Legal Name \_\_\_\_\_  
Last First Middle

Enclose a copy of proper documentation, the state, county or federally issued document (e.g. driver license, passport, marriage license, legal name change form, etc.) to substantiate name change.

Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Union/Guild: \_\_\_\_\_ Classification: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contract Services Administration Trust Fund**

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