

MUNICIPAL EMPLOYEES RETIREMENT COMMISSION
AKA NAME AFFIDAVIT

I, _____, being duly sworn, depose and say:
(Current Name)

1. I am over the age of eighteen and understand the meaning of an oath.

2. To the best of my knowledge and belief, at the time of my birth in

_____, on the _____ day of _____, _____,
(Birth Place) (Number) (Month) (Year)

I was given the name of _____.
(Birth Name)

3. I hereby certify that the difference between

_____ and _____
(Birth Name) (Alias)

are the result of my own actions.

4. I hereby certify that _____ and _____
(Birth Name) (Alias)

are one and the same person.

(Signature)

Subscribed and sworn to before me this

_____ day of _____, 20_____.

Signature of Notary Public/Commissioner of the Superior Court

State:

Town:

My commission expires:

***Please submit a valid copy of your State issued REAL ID, with this form. If you do not have a REAL ID, you must supply your name change documentation along with your valid Driver's License or Identification Card.**