

Name Change

Notification of a legal name change for a person affiliated with an AAFMAA policy

Please PRINT clearly in blue or black ink. Original signature required (no faxes).

1. PERSON CHANGING NAME	
Former Name (Last, First MI)	AAFMAA Number (if known)
New Name (Last, First MI)	Social Security Number

2. REASON FOR NAME CHANGE
<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce and resumption of maiden name <input type="checkbox"/> Name Change Court Order not connected with divorce <input type="checkbox"/> Other: _____

3. AUTHORIZATION	
I hereby authorize the Army and Air Force Mutual Aid Association (AAFMAA) to change my records to my new name as indicated above. I will include with this document a copy of a government issued document that shows my signature establishing the new name (such as DoD Military ID card, Driver's License, Passport or Marriage License).	
Signature Using Former Name	Date Signed (mm/dd/yyyy)
Signature Using New Name	Date Signed (mm/dd/yyyy)
OFFICE USE ONLY. Approved by AAFMAA Secretary, by Authority of the Board of Directors	Date Signed (mm/dd/yyyy)

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