WEST GULF MARITIME ASSOCIATION

1717 Turning Basin Drive, Suite 200 • Houston, Texas 77029-4060 • www.wgma.org

NAME/ADDRESS/SOCIAL SECURITY NUMBER CHANGE FORM

For o	امعما	name change.	workers must	cubmit	coning of	of two	documente
rora	iegai	i name change.	workers musi	. submit	cobies (n two	documents:

Signature Please return this form to: West Gulf Man	ritime Association	Date					
ILA. Local # Work	Number:	_					
Current Address	City	State	Zip				
(if applicable)							
Old Social Security #:	Current SSN	#:					
(please print)	riew riame	(please print)					
Old Name:	New Name:						
2) Confirmation from the Social Security A of a new social security card Name Change			-				
1) a legible copy of the signed, new social s	security card AND						
For SSN change, workers <u>must</u> submit co	opies of two documen	ts:					
☐ Confirmation from the Social Sec and production of a new social security card	•	authorizing the name	e change				
☐ Certificate of Naturalization							
☐ Court Order for a name change from old to new name							
☐ Divorce Decree (must state the name change from the old name to the new name)							
☐ Marriage document							
2) one copy of the following official docum	nents (check one):						
1) a legible copy of the signed, new social s	security card reflecting	the new name ANI	<u>)</u>				
	•						