



# Catholic Diocese Employee Information Update Form

Please use this form to update an employee's personal address/telephone number, to submit a name change, to submit an entity location change or to submit a classification change. **A name change can only be done if it is accompanied by a copy of the employee's new social security card that states their new name.** Please fax this form and any supporting paperwork to 214-379-3224.

<b>Name:</b>					
<b>Home Address:</b>	<b>Street</b>	<b>Apt.</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone:</b> Home _____ Mobile _____			<b>Entity Location Code:</b>		
<b>Social Security Number:</b>			<b>Date of Birth:</b>		
<b>Classification:</b>					
<input type="checkbox"/> Lay Employee <input type="checkbox"/> Priest					
<input type="checkbox"/> Contracted Teacher <input type="checkbox"/> Retired Priest					
<input type="checkbox"/> Contracted Principal <input type="checkbox"/> Seminarian					
<input type="checkbox"/> Nun					
<b>Reason for Update:</b>					
<input type="checkbox"/> <b>Name Change</b> Former Name _____					
<input type="checkbox"/> <b>Address/Phone Change</b> Former Address _____					
<input type="checkbox"/> <b>Entity Location Change</b> Former Location Code _____					
<input type="checkbox"/> <b>Classification Change</b> Former Classification _____					