

## OFFICER NAME CHANGE REQUEST CHECKLIST

**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_  
**UNIT:** \_\_\_\_\_ **UIC:** \_\_\_\_\_ **IPPSA POSN #:** \_\_\_\_\_  
**PARA/LINE:** \_\_\_\_\_ **UNIT POC/PHONE:** \_\_\_\_\_  
**MSC POC/PHONE:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

<u>REQUIRED ITEMS:</u>	<u>WORKCENTER</u>	<u>COMMENTS/NOTES</u>	<u>INITIALS</u>
<b>REQUEST MEMO FROM THE OFFICER</b>	MSC/BN S1	Officer will provide letter requesting name change.	
<b>DA 4187</b>	MSC/BN S1	DA Form 4187 Annotated with "Request for Name Change" per sample (attached)	
<b>Supporting Document(s)</b>	MSC/BN S1	Must submit marriage license, divorce decree, court decree, magistrates order mandating the name change, or any additional supporting documentation (for clerical correction).	

**Send packet in a single scanned .pdf file via IPPSA Administrative Corrections PAR**