



**OHIO CASINO CONTROL COMMISSION**

**CHANGE OF NAME/ADDRESS FORM**

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**Name provided at time of application:** *LAST, FIRST, MI*

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**\*Change of name:** *(Please circle one: MARRIAGE, DIVORCE, COURT ORDER, OTHER)*

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**Date of birth:** *MONTH/DAY/YEAR*

**\*\*Social Security Number:**

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**Home address:** *No. and street, apt., suite, PO Box, or Rd. No. City, State, Zip Code*

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**Mailing address:** *No. and street, apt., suite, PO Box, or Rd. No. City, State, Zip Code*

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**Home telephone number**

**Cell telephone number**

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**Work telephone number**

**Email address**

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**License number**

**ARE YOU A UNITED STATES CITIZEN?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

*(If no, proof of USCIS Employment Authorization is required.)*

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**Signature**

**Date**

\*When requesting a Name Change, you ***MUST*** include a copy of the Marriage License/Certificate, Divorce Decree, or Court Order.

\*\*Under the Privacy Act, disclosure of your Social Security Number is Voluntary.