SOBOBA TRIBAL GAMING COMMISSION

PO Box 610 * San Jacinto, CA 92581 *Phone (951) 665-1000 * Fax (951) 487-0042

NAME CHANGE DISCLOSURE FORM

****NOTE** IF YOU HAVE RECENTLY CHANGED YOUR NAME, YOU MUST SUBMIT A COPY OF YOUR SOCIAL SECURITY CARD AND CA DRIVERS LICENSE OR CA I.D. CARD REFLECTING THE NAME CHANGE TO THE BACKGROUNDS DEPT**

Name: _____

Physical Address: _____
Street City State Zip

Phone #: _____ Social Security #: _____ Date of Birth: _____

Gaming License #: _____ Employee #: _____

I have recently changed my name for the following reason:

( ) I was recently married
( ) I was recently separated / divorced
( ) Other

If you were recently married, provide the following information:

Spouse's full name: _____ Place of marriage: _____ Date of marriage: _____

If you answered "Other," provide an explanation as to why you have changed your name. Be sure to include the name of the court, as well as the City and State of the court that you had your name change paperwork processed at.

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I have reviewed this statement and believe it to be true and accurate to the best of my recollection.

Signature: _____ Date: _____

Revised 11/06/2012