

**CLAIMANT CHANGE OF NAME & ADDRESS FORM**

This form may be used only for in-state address changes.

To notify the Department of any name or address change, complete this form, sign and mail it to:

South Dakota Department of Labor  
Unemployment Insurance Division  
P.O. Box 4730  
Aberdeen, South Dakota 57402-4730  
or FAX the form to the Department at 1-605-626-3172

PLEASE PRINT

Social Security Number: \_\_\_\_\_

Former Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous City, State, Zip Code: \_\_\_\_\_

Old Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

New Name: \_\_\_\_\_

New Address: \_\_\_\_\_

New City, State, Zip Code: \_\_\_\_\_

New Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

*I hereby authorize the change of this information on my Unemployment Insurance Claim.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

