## Hoffman Estates Firefighter Pension Fund Member Information

Name:	[Pension Board Use Only]
	☐ Birth Cert. on file
Address:	□ DD-214?
City:	□ DD-214:
State:	
Zip Code:	
Phone number:	
Current Spouses name (if applicable):	
	<ul><li>□ Birth Cert. on file</li><li>□ Marriage Cert.</li></ul>
Former Spouses name (if applicable):	
Is there a QUILDRO in the divorce decre	ee? Y/N
	□ Divorce Decree
Minor/Dependent Children – Name:	☐ Birth Cert. on file
Sex: M /F Birth Date:	
Name:	☐ Birth Cert. on file
Sex: M /F Birth Date:	
Name:	☐ Birth Cert. on file
Sex: M /F Birth Date:	
Name:	☐ Birth Cert. on file
Sex: M /F	
Birth Date:	

□ Birth Cert. on file
\*Please submit this form to your Pension Board President or Secretary and include any
birth certificates or other documents associated with the change.