

**POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK
CHANGE OF PERSONNEL DATA**

PDCN 197 - REV. 12/04

INSTRUCTIONS:

1. Print or type legibly and forward 4 copies to Personnel and Accounting Bureau, Records Section.
2. If name change attach copy of new Social Security card.

PART A - ALL INFORMATION MUST BE ENTERED

LAST NAME										FIRST NAME										M.I.							
SOCIAL SECURITY NUMBER										RANK										SHIELD NUMBER				SERIAL NUMBER			
COMMAND																											
CURRENT HEALTH INSURANCE PLAN										CURRENT HEALTH INSURANCE																	
☐ Aetna ☐ Blue Cross HMO ☐ Empire ☐ HIP ☐ Vytra ☐ Other (Specify) →										☐ Family ☐ Single																	

PART B - ENTER ONLY INFORMATION THAT HAS CHANGED FOR MEMBER

LAST NAME										FIRST NAME										M.I.	
NUMBER & STREET ADDRESS																					
CITY VILLAGE																					
ZIP CODE										TELEPHONE NUMBER											
RESIDENT NASSAU PRECINCT																					

PART C - ENTER SPOUSE INFORMATION OR INFORMATION THAT HAS CHANGED

MAIDEN / LAST NAME										FIRST NAME										M.I.									
DATE OF BIRTH										SEX										DATE OF EVENT									
Month Day Year										☐ Male ☐ Female ☐ Marriage ☐ Divorce ☐ Death →										Month Day Year									

PART D - ENTER FATHER-IN-LAW INFORMATION

LAST NAME										FIRST NAME										M.I.	
DATE OF BIRTH																					
Month Day Year																					

PART E - ENTER MOTHER-IN-LAW INFORMATION

LAST NAME										FIRST NAME										M.I.	
DATE OF BIRTH																					
Month Day Year																					

PART F - ENTER NEW CHILD INFORMATION OR INFORMATION THAT HAS CHANGED

LAST NAME										FIRST NAME										M.I.									
DATE OF BIRTH										DATE OF DEATH										IS CHILD									
Month Day Year										Month Day Year										☐ Natural ☐ Adopted ☐ Deceased ☐ Stepchild ☐ Other (Specify) ↓									
OTHER (Specify)																													

ENTER NEW CHILD INFORMATION OR INFORMATION THAT HAS CHANGED

LAST NAME										FIRST NAME										M.I.									
DATE OF BIRTH										DATE OF DEATH										IS CHILD									
Month Day Year										Month Day Year										☐ Natural ☐ Adopted ☐ Deceased ☐ Stepchild ☐ Other (Specify) ↓									
OTHER (Specify)																													

PART H - ENDORSEMENT

DATE PREPARED										DATE EFFECTIVE									
Month Day Year										Month Day Year									
MEMBER'S SIGNATURE										COMMANDING OFFICER'S SIGNATURE									