

PERSONNEL INFORMATION UPDATE

DATE: _____ NAME: _____ Marital Status: _____
(Married, Single, Divorced, Widowed)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

SPOUSE'S NAME: _____ SPOUSE'S DATE OF BIRTH: _____

CHILD'S NAME: _____ CHILD'S DATE OF BIRTH: _____

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PLEASE RETURN VIA EMAIL: (scombs@lexingtonky.gov or twalters2@lexingtonky.gov),
FAX: 859-425-2050 or MAIL: Police & Fire Pension Office, 200 E Main St., Lexington KY 40507